AYUSHMAN BHARAT-PARDHAN MANTRI JAN AROGYA YOJANA IN NOIDA-GHAZIABAD: PERCEPTION OF PROVIDERS AND POLICY HOLDERS

DISSERTATION

For award of the degree of

Master of Hospital Administration

Santosh Deemed to be University, Ghaziabad

Shalini Singh

Master of Hospital Administration Batch 2022- 2024

AYUSHMAN BHARAT-PARDHAN MANTRI JAN AROGYA YOJANA IN NOIDA-GHAZIABAD: PERCEPTION OF PROVIDERS AND POLICY HOLDERS

DISSERTATION

For award of the degree of

Master of Hospital Administration

Santosh Deemed to be University, Ghaziabad

Shalini Singh

Master of Hospital Administration Batch 2022- 2024

SANTOSH
Deemed to be University
(Established u/s 3 of the UGC Act, 1956)

COPYRIGHT CERTIFICATE DECLARATION BY THE CANDIDATE

I hereby declare that Santosh Deemed to be University, Ghaziabad, (U.P.) shall have the right to preserve, use, and disseminate this **dissertation** titled **"Ayushman Bharat-Pardhan Mantri-Jan Arogya Yojana in Noida-Ghaziabad: Perception of Providers and Policy Holders"** in print or electronic format, for academic or research purpose.

Signature of Candidate:

Date: 30/07/24

Place: Ghaziabad

SANTOSH
Deemed to be University
(Established u/s 3 of the UGC Act, 1956)

SANTOSH UNIVERSITY

DECLARATION BY THE CANDIDATE

I hereby declare that this **Dissertation "Ayushman Bharat-Pardhan Mantri -Jan Arogya Yojana in Noida-Ghaziabad: Perception of Providers and Policy Holders"** will be a Bonafide genuine research work carried out by me under the esteemed guidance of my Guide **Dr. Nidhi Bansal**, Assistant Professor in the Department of Hospital Administration, Santosh Deemed to be university, Ghaziabad, U.P.

Signature: Shalini

Date: 30/07/24

Place: Ghaziabad

SANTOSH
Deemed to be University
(Established u/s 3 of the UGC Act, 1956)

CERTIFICATE BY THE GUIDE

This is to certify that the **Dissertation "Ayushman Bharat-Pardhan Mantri -Jan Arogya Yojana in Noida-Ghaziabad: Perception of Providers and Policy Holders"** will be a bonafide genuine research work carried out by Shalini Singh in partial fulfillment of the requirement for the degree of Masters in Hospital Administration under my Supervision and guidance in the department of Hospital administration, Santosh Deemed to be Ghaziabad, U.P.

30/07/24

GUIDE: **Dr Nidhi Bansal**
Assistant Professor
Department of Hospital Administration
Santosh Medical College & Hospital, Ghaziabad-201001

SANTOSH MEDICAL COLLEGE HOSPITAL ★ GHAZIABAD

SANTOSH
Deemed to be University
(Established u/s 3 of the UGC Act, 1956)

CERTIFICATE BY THE HEAD OF DEPARTMENT

This is to certify that the **Dissertation** titled **"Ayushman Bharat-Pardhan Mantri - Jan Arogya Yojana in Noida-Ghaziabad:Perception of Providers and Policy Holders"** being submitted by Shalini Singh in partial fulfilment of the requirement for the degree of Masters in Hospital Administration will be based on the bonafide work carried out by her in Department of Hospital Administration, Santosh Deemed to be, Ghaziabad, U.P.

Dr Manish Sabharwal

Head of Department

M.B.B.S & M.B.A.

Santosh Deemed to be university, Ghaziabad- 201001

Dr. MANISH SABHARWAL
Director Medical
Santosh Medical College & Hospital
Ghaziabad-201001 (U.P.)

SANTOSH
Deemed to be University
(Established u/s 3 of the UGC Act, 1956)

ENDORSEMENT BY THE DEAN ACADEMICS OF THE COLLEGE

This is to certify **"Ayushman Bharat-Pardhan Mantri -Jan Arogya Yojana in Noida-Ghaziabad:Perception of Providers and Policy Holders"** will be a bonafide genuine research work carried out by Shalini Singh herself under the esteemed guidance of Dr Nidhi Bansal, Assistant Professor, Hospital administration, Santosh Medical College & Hospital Ghaziabad.

Prof Dr Shalabh Gupta
M.B.B.S., M.S.
Dean Academics
Faculty of Allied Health Sciences
Santosh Deemed to be university, Ghaziabad-201001 (U.P.)

SANTOSH
Deemed to be University
(Established u/s 3 of the UGC Act, 1956)

To

The Registrar

Santosh deemed to be University Santosh Nagar

Ghaziabad-201001 (UP)

Sub: -Registration of Dissertation for Master of Hospital Administration

Respected Sir,

I request you to kindly consider and register the subject of my **Dissertstion** entitled **"Ayushman Bharat-Pardhan Mantri -Jan Arogya Yojana in Noida-Ghaziabad:Perception of Providers and Policy Holders"** for the year 2022-2024 with the view to appear in MHA. examination in 2024.

The Dissertation of the thesis with four copies and necessary particulars are enclosed herewith.

Thank you

Yours truly

Shalini Singh

Post-Graduation Student, Batch 2022-2024

Department of Hospital Administration

Santosh Deemed to be university, Ghaziabad - 201001 (U.P.)

SANTOSH
Deemed to be University
(Established u/s 3 of the UGC Act, 1956)

ANTI-PLAGIARISM DECLARATION/UNDERTAKING

I,**SHALINI SINGH**, hereby declare that the present thesis titled **"Ayushman Bharat-Pardhan Mantri -Jan Arogya Yojana in Noida-Ghaziabad:Perception of Providers and Policy Holders"** under the guidance of **Dr.Nidhi Bansal** at Santosh Deemed to be University is a bonafide/original research work. I also hereby declare that there is less than 10% similarity and the present research work has not been submitted for the award of any degree /diploma of the same institution where the work was carried out or at any other institution

Signature of the Guide 30/07/24

Signature of the Student 30/7/24

I have verified the contents of the Dissertation and it has less than 10% similarity.

Jyoti Batra.

Dr. Jyoti Batra
Dean Research Santosh Medical College & Hospital
Santosh Deemed to be University
Ghaziabad-201001(U.P.)

Acknowledgments

I would like to express my heartfelt gratitude to those who have supported and guided me throughout the journey of completing this dissertation.
First and foremost, I extend my sincere thanks to my supervisor, ***Dr. Nidhi Bansal,*** *Assistant Professor Department of Hospital Administration, Santosh Medical College and Hospital, Ghaziabad. for their invaluable guidance, support, and encouragement. Their insightful feedback and unwavering belief in my abilities have been instrumental in the successful completion of this research.*
I would also thank you from the bottom of my heart to ***Dr Manish Sabharwal****, Assistant Professor of Hospital Administration for supporting me every time. His presence and guidance made this research a wonderful journey.*
I owe a deep sense of gratitude to ***Dr. Shalabh Gupta****, Professor and Dean Academics. I would like to thank him for all the opportunities, guidance, insightful comments, and encouragement. His support and knowledge have helped me achieve this timely thesis. This same amount of support and guidance was also provided by all the seniors, my colleagues and juniors of the hospital administration department who helped me through my thesis work and for which 1 shall always be in debt.*
I am deeply grateful to the faculty and staff of Santosh Medical and Hospital College for their constant support and encouragement. A special mention goes to the administration and healthcare professionals at Santosh Hospital, Ghaziabad, whose cooperation and willingness to participate in this study have been crucial to its success.
My sincere appreciation goes to my fellow researchers and colleagues for their camaraderie and constructive discussions, which have greatly enriched my understanding of the subject matter. Your support and shared knowledge have been a source of inspiration.
I also wish to acknowledge my family and friends for their patience, understanding, and unwavering support. Their encouragement and belief in me have been a constant source of motivation.
Lastly, I am thankful to all the participants who took the time to contribute to this study. Without your valuable insights and participation, this research would not have been possible.
Thank you all for your contributions and support.

Shalini Singh
[Batch 2022-2023]

INDEX

Serial no.	Contents	Page no.
1	ABSTRACT	1-Jan
2	INTRODUCTION	11-Feb
3	AIMS & OBJECTIVES	13-Dec
4	RESEARCH QUESTION/ HYPOTHESES	14-17
5	SCOPE & LIMITATIONS	18-20
6	REVIEW OF LITERATURE	21-43
7	RESEARCH METHODOLOGY	44-64
8	DATA ANALYSIS & RESULTS	65-92
9	KEY FINDINGS	93-96
10	DISCUSSION	97-107
11	RECOMMENDATIONS	108-110
12	CONCLUSION	111-118
13	REFERENCES	119-123
14	APPENDICES	124-133
15	ANNEXURES	134-148

Abstract

The Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) is a pivotal health insurance scheme in India, designed to provide substantial financial protection against catastrophic health expenditures for the underserved populations. This study aims to assess the perceptions of both healthcare providers and policyholders regarding the AB-PMJAY in the Noida-Ghaziabad region. Understanding these perceptions is crucial for evaluating the effectiveness and areas for improvement in the scheme.

The objectives of this research include evaluating the awareness levels and satisfaction among policyholders, identifying the challenges faced by healthcare providers, and comparing the perceptions between these two groups. A mixed methods approach was employed, utilizing both quantitative surveys and qualitative interviews to gather comprehensive data from a representative sample of policyholders and healthcare providers in the region.

Key findings indicate that while policyholders generally appreciate the financial relief provided by AB-PMJAY, there are significant gaps in awareness and understanding of the scheme's benefits and procedures. Healthcare providers, on the other hand, face operational challenges, including delays in reimbursements and bureaucratic hurdles, which affect their perception and the quality of service delivery. Comparative analysis reveals a divergence in the satisfaction levels, with policyholders showing moderate satisfaction and providers expressing concerns over the administrative aspects of the scheme.

The study concludes that enhancing awareness among policyholders and streamlining administrative processes for providers are essential steps to improve the overall effectiveness of AB-PMJAY. The findings provide valuable insights for policymakers to refine the scheme and ensure it meets its intended objectives of providing accessible and equitable healthcare.

Keywords: Ayushman Bharat, PM-JAY, health insurance, policyholders' perception, healthcare providers' perception, Noida-Ghaziabad, financial protection, healthcare challenges, mixed-methods approach.

INTRODUCTION

Background and Context

Introduction to Ayushman Bharat PM-JAY (AB-PMJAY)

The Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) is a groundbreaking health initiative launched by the Government of India with the primary goal of making healthcare services more accessible and affordable to the economically disadvantaged sections of society. Introduced in 2018, this scheme is often touted as the world's largest government-funded health insurance program. AB-PMJAY aims to cover over 10 crore vulnerable families, providing an annual health cover of Rs. 5 lakhs per family for secondary and tertiary care hospitalization across public and private empaneled hospitals in India (Thakur, Shannawaz, & Saeed, 2023).

One of the critical motivations behind the implementation of AB-PMJAY was the staggering burden of out-of-pocket healthcare expenses borne by Indian households, which often pushed many below the poverty line. By extending a comprehensive health insurance cover, the scheme seeks to alleviate this financial strain, ensuring that quality healthcare services are within reach for the marginalized population (Abraham & Ray, 2020). The coverage includes a wide array of medical and surgical procedures, encompassing nearly 1,400 treatments, which are cashless and paperless for the beneficiaries at the point of service.

The operational framework of AB-PMJAY is designed to integrate with theexisting healthcare infrastructure in India, leveraging both public and private hospitals to deliver care. This integration not only expands the reach of healthcareservices but also aims to improve the quality of care through a competitive environment. Additionally, the scheme includes a robust IT system for real-time monitoring and fraud detection, which is crucial for maintaining the program's integrity and efficiency (Bhat, 2005).

The scheme's implementation, however, is not without its challenges. Healthcare providers have reported issues such as delayed reimbursements and bureaucratic hurdles, which can hinder the smooth operation of the scheme. Despite these challenges, the overall objective of

AB-PMJAY remains focused on creating a more inclusive healthcare system that ensures equitable access to health services for all, particularly the underprivileged (Boateng & Awunyor-Vitor, 2013).

The introduction of AB-PMJAY marks a significant milestone in India's healthcare reform, reflecting the government's commitment to universal health coverage. By addressing the financial barriers to healthcare access, the scheme has the potential to transform the healthcare landscape in India, offering a model that other developing nations can emulate. The ongoing efforts to refine and improve the scheme underscore the dynamic nature of healthcare policy, where continuous feedback and adaptation are essential to meet the evolving needs of the population (Myint, Pavlova, & Groot, 2019).

Through this extensive coverage and the commitment to quality healthcare, ABPMJAY aspires to not only provide immediate relief to its beneficiaries but also to set a long-term foundation for a healthier and more equitable society in India. The scheme's success hinges on addressing its operational challenges and ensuring that both policyholders and providers are fully engaged and satisfied with its implementation and outcomes (Rajeswari & Kartheeswari, 2011).

Healthcare Landscape in India with a Focus on Noida

India's healthcare landscape is a complex and multifaceted system, marked by a dual burden of communicable and non-communicable diseases, significant regional disparities, and a mix of public and private healthcare providers. The country faces the challenge of providing equitable healthcare access to its vast and diverse population, where economic, geographic, and social factors often influence healthcare outcomes. In urban areas like Noida and Ghaziabad, these challenges are accentuated by rapid urbanization, a growing population, and the pressure on existing healthcare infrastructure (Bhat, 2005).

Noida and Ghaziabad, part of the National Capital Region (NCR), have seen substantial growth over the past few decades, attracting a diverse population due to their economic opportunities and proximity to Delhi. This rapid urban expansion has led to a burgeoning demand for

healthcare services. However, the healthcare infrastructure in these cities struggles to keep pace with the increasing population and their healthcare needs (Abraham & Ray, 2020). Public healthcare facilities often face issues such as overcrowding, inadequate staffing, and limited resources, which can impede the delivery of quality healthcare.

The private healthcare sector in Noida and Ghaziabad plays a crucial role in bridging the gap left by public health services. Private hospitals and clinics are often better equipped and provide a wider range of services, attracting patients who can afford out-of-pocket expenses or have health insurance coverage. Despite this, the high cost of private healthcare services remains a barrier for many, emphasizing the need for comprehensive health insurance schemes like the Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) to provide financial protection and improve access to quality care (Thakur et al., 2023).

AB-PMJAY aims to address these disparities by offering substantial financial coverage for secondary and tertiary care hospitalizations, targeting the economically vulnerable sections of society. In regions like Noida and Ghaziabad, the implementation of AB-PMJAY has the potential to significantly alleviate the healthcare burden on families and ensure that more people have access to essential medical services (Boateng & Awunyor-Vitor, 2013). However, the success of such schemes depends on efficient implementation, widespread awareness, and the seamless integration of services between public and private healthcare providers.

Despite the potential benefits of AB-PMJAY, several challenges remain. For instance, healthcare providers in Noida and Ghaziabad have reported issues related to delayed reimbursements and bureaucratic processes, which can hinder the smooth functioning of the scheme. Additionally, there is a need for continuous monitoring and evaluation to address any gaps in service delivery and to ensure that the scheme is effectively meeting the needs of the population (Myint, Pavlova, & Groot, 2019).

Moreover, the healthcare workforce in these cities faces its own set of challenges. There is often a shortage of trained medical professionals, which affects the quality of care. Efforts to enhance medical education and training, along with better working conditions, are essential to

improve healthcare services in the region (Rajeswari & Kartheeswari, 2011). Furthermore, the use of technology in healthcare, such as telemedicine and digital health records, can enhance service delivery and efficiency, making healthcare more accessible, especially in underserved areas.

In summary, the healthcare landscape in India, particularly in urban centers like Noida and Ghaziabad, reflects a blend of opportunities and challenges. While schemes like AB-PMJAY provide a framework for improving healthcare access and affordability, their success relies on addressing systemic issues, enhancing infrastructure, and ensuring effective implementation. The ongoing efforts to bridge the gap between demand and supply in healthcare services will be crucial in shaping the future of healthcare in these rapidly growing urban areas (Kapoor & Husain, 2023).

Importance of Health Insurance in India

Health insurance plays a pivotal role in India's healthcare system, acting as a critical buffer against the financial vulnerabilities that arise from medical emergencies and chronic illnesses. The significance of health insurance in India is underscored by the country's demographic and economic landscape, where a substantial portion of the population remains susceptible to catastrophic health expenditures. With outof-pocket expenditures accounting for a major share of healthcare spending, health insurance is essential in mitigating the financial burden on families and ensuring access to necessary medical services (Thakur et al., 2023).

India's healthcare system is characterized by a dichotomy between public and private healthcare providers. While public healthcare services are intended to be affordable and accessible, they often suffer from issues such as overcrowding, resource constraints, and variable quality of care. On the other hand, private healthcare providers offer more advanced and timely medical services but at significantly higher costs, which can be prohibitive for many individuals without adequate insurance coverage. Health insurance, therefore, bridges this gap by enabling more people to afford private healthcare services, thereby improving overall health

outcomes (Abraham & Ray, 2020).

The introduction of health insurance schemes such as Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) reflects a strategic effort by the Indian government to address these disparities and promote equitable healthcare access. AB-PMJAY aims to provide financial protection to over 100 million families, offering coverage for secondary and tertiary hospitalizations. This initiative is particularly crucial in a country where a significant number of households are vulnerable to falling into poverty due to high medical costs. By reducing out-ofpocket expenditures, health insurance schemes like AB-PMJAY play a vital role in poverty alleviation and social protection (Boateng & Awunyor-Vitor, 2013).

Moreover, health insurance contributes to the improvement of healthcare quality and efficiency. Insurers often implement stringent quality control measures and accreditation standards for empaneled hospitals, ensuring that policyholders receive high-quality care. Additionally, the increased demand for services generated by insured patients encourages healthcare providers to expand their infrastructure and adopt better practices, ultimately enhancing the overall healthcare ecosystem (Rajeswari & Kartheeswari, 2011).

Health insurance also promotes preventive care and early intervention, which are critical for managing chronic diseases and reducing the long-term cost of healthcare. Insured individuals are more likely to seek timely medical attention and undergo regular health check-ups, leading to early diagnosis and treatment of health conditions. This proactive approach not only improves individual health outcomes but also reduces the burden on healthcare facilities by preventing the progression of diseases to more severe stages (Myint, Pavlova, & Groot, 2019).

Despite its benefits, the penetration of health insurance in India faces several challenges. These include low awareness levels, especially in rural areas, mistrust in insurance providers, and the complexity of insurance products. Effortstoincrease awareness, simplify insurance policies, and ensure transparent and fair practices are essential to enhance the uptake of health insurance. Furthermore, integrating technology and digital platforms can streamline insurance processes, making them more user-friendly and accessible to the broader population (Kapoor& Husain,

2023).

In conclusion, health insurance is a cornerstone of India's healthcare system, providing essential financial protection and improving access to quality healthcare services. The ongoing expansion and refinement of health insurance schemes are critical for achieving universal health coverage and ensuring that all citizens can access the care they need without financial hardship. The importance of health insurance will continue to grow as India addresses its healthcare challenges and strives towards a more equitable and efficient healthcare system (Thakur et al., 2023; Abraham & Ray, 2020).

Problem Statement

Issues Faced by Healthcare Providers and Policyholders under AB-PMJAY

The Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) is a transformative health insurance initiative aimed at providing financial protection and accessible healthcare to millions of vulnerable families in India. Despite its ambitious goals and considerable achievements, both healthcare providers and policyholders face significant challenges under this scheme, which impact its overall effectiveness and efficiency.

One of the primary issues faced by healthcare providers under AB-PMJAY is the delay in reimbursements. Many hospitals and clinics report prolonged waiting periods for claims to be processed and reimbursed, which can strain their financial resources and disrupt the continuity of care. These delays often stem from bureaucratic red tape and the complexity of the claims approval process, leading to dissatisfaction among healthcare providers (Boateng & Awunyor-Vitor, 2013). This financial strain can also limit the ability of hospitals to maintain adequate staff and resources, thereby affecting the quality of healthcare services provided.

Additionally, healthcare providers often encounter administrative burdens associated with the scheme. The requirement to comply with extensive documentation and procedural formalities

can divert valuable time and resources away from patient care. The need to navigate complex IT systems for claim submissions and verifications adds another layer of difficulty, especially for smaller healthcare facilities that may lack the necessary technological infrastructure and expertise (Myint et al., 2019). These administrative challenges can discourage some providers from participating in the scheme, thus limiting its reach and effectiveness.

For policyholders, one of the significant challenges is the lack of awareness and understanding of the scheme's benefits and procedures. Many beneficiaries are unaware of the specific healthcare services covered under AB-PMJAY or how to access these services. This lack of awareness can lead to underutilization of the scheme, where eligible individuals do not seek the medical care they need due to misinformation or confusion (Boateng & Awunyor-Vitor, 2013). Effective communication and educational campaigns are essential to bridge this gap and ensure that beneficiaries fully utilize the available healthcare services.

Moreover, policyholders sometimes face difficulties in navigating the healthcare system. Issues such as long waiting times, inadequate availability of specialists, and overcrowded facilities can deter beneficiaries from seeking timely medical attention. These operational inefficiencies can compromise the scheme's objective of providing accessible and quality healthcare (Myint et al., 2019). Additionally, there are instances where policyholders encounter informal charges or out-ofpocket expenses for services that are ostensibly covered by the scheme, which undermines the financial protection that AB-PMJAY aims to offer.

Another critical issue is the quality of care provided under the scheme. While ABPMJAY aims to ensure comprehensive healthcare coverage, the actual quality of care can vary significantly across different hospitals and regions. Some policyholders report substandard treatment and facilities, which can erode trust in the scheme and deter others from utilizing its benefits. Ensuring consistent quality of care across all empaneled hospitals is crucial for the scheme's success and credibility (Boateng & Awunyor-Vitor, 2013).

In summary, while AB-PMJAY represents a significant step towards universal health coverage in India, addressing the challenges faced by healthcare providers and policyholders is crucial for its sustained success. Timely reimbursements, streamlined administrative processes, enhanced awareness campaigns, and consistent quality of care are essential components that need continuous improvement. By tackling these issues, AB-PMJAY can better fulfill its mission of providing equitable and accessible healthcare to India's most vulnerable populations (Myint et al., 2019).

Specific Challenges in Noida-Ghaziabad

The healthcare landscape in Noida-Ghaziabad, part of India's bustling National Capital Region (NCR), presents unique challenges that reflect broader systemic issues while also being amplified by the region's rapid urbanization and population growth. These challenges affect both healthcare providers and policyholders under schemes like the Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (ABPMJAY), hindering the scheme's potential to deliver equitable healthcare effectively (Thakur et al., 2023).

One of the primary challenges in Noida-Ghaziabad is the inadequate healthcare infrastructure to meet the demands of a rapidly growing population. The public healthcare facilities are often overwhelmed, leading to long waiting times and overcrowding. This strain on resources compromises the quality of care and can deter policyholders from seeking timely medical attention. The shortage of healthcare professionals, including doctors, nurses, and support staff, exacerbates this issue, making it difficult for public hospitals to maintain optimal service delivery standards (Abraham & Ray, 2020).

The private healthcare sector, which serves a significant portion of the population in Noida-Ghaziabad, presents its own set of challenges. While private hospitals and clinics are generally better equipped and offer a wider range of services, the high cost of care remains a significant barrier for many residents. Even with schemes like AB-PMJAY, which aim to provide financial coverage, the actual out-of-pocket expenses for certain treatments and the associated

informal charges can be prohibitively high for economically vulnerable groups (Boateng & Awunyor-Vitor, 2013). This disparity highlights the need for better regulation and transparency in healthcare pricing.

Additionally, there is a significant challenge related to the awareness and utilization of health insurance schemes. Many policyholders in Noida-Ghaziabad are either unaware of their eligibility for AB-PMJAY or do not fully understand the benefits and procedures involved. This lack of awareness can lead to underutilization of available healthcare services, with beneficiaries missing out on essential treatments due to misinformation or confusion (Myint et al., 2019). Effective communication strategies and community outreach programs are crucial to educate residents about their entitlements under the scheme and how to navigate the healthcare system.

Healthcare providers in Noida-Ghaziabad also face bureaucratic challenges that impede the smooth implementation of AB-PMJAY. The process of claims submission and reimbursement is often bogged down by administrative hurdles, leading to delays that strain the financial viability of hospitals and clinics participating in the scheme. These delays can discourage healthcare providers from enrolling in or actively promoting the scheme, thus limiting its reach and effectiveness. Streamlining administrative processes and ensuring timely reimbursements are essential to maintain provider participation and support (Rajeswari & Kartheeswari, 2011).

Moreover, the quality of healthcare services varies significantly across different facilities in Noida-Ghaziabad. While some hospitals are equipped with state-ofthe-art technology and highly skilled professionals, others may lack basic amenities and qualified staff. This inconsistency can lead to disparities in treatment outcomes and patient satisfaction, undermining the trust in the healthcare system and the ABPMJAY scheme. Establishing stringent quality control measures and regular audits can help address these disparities and ensure a more uniform standard of care (Kapoor & Husain, 2023).

Environmental factors, such as pollution and poor urban planning, also contribute to the

healthcare challenges in Noida-Ghaziabad. High levels of air and water pollution have been linked to a range of health issues, increasing the burden on the healthcare system. The lack of adequate waste management and sanitation infrastructure further exacerbates public health concerns, necessitating a comprehensive approach to urban health planning that integrates environmental health with healthcare services (Thakur et al., 2023).

In conclusion, addressing the specific challenges in Noida-Ghaziabad requires a multifaceted approach that involves improving healthcare infrastructure, enhancing awareness and utilization of health insurance schemes, streamlining administrative processes, and ensuring consistent quality of care. By tackling these issues, ABPMJAY and other healthcare initiatives can more effectively serve the population of Noida-Ghaziabad, ensuring that all residents have access to the medical care they need without undue financial hardship (Myint et al., 2019).

Objectives of the Study

Primary Objectives

The primary objective of this study is to comprehensively assess the perceptions of both healthcare providers and policyholders regarding the Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) in the Noida-Ghaziabad region. This includes evaluating the awareness levels, satisfaction, and challenges experienced by policyholders when utilizing the scheme, as well as understanding the operational and administrative hurdles faced by healthcare providers. By doing so, the study aims to provide a holistic understanding of the scheme's impact and identify areas that require improvement to enhance its effectiveness and efficiency.

Secondary Objectives

The secondary objectives of this study encompass a broader exploration of related factors that influence the effectiveness of AB-PMJAY. Firstly, it seeks to identify the socio-economic and demographic factors that affect the awareness and utilization of the scheme among policyholders. Understanding these factors can help in tailoring outreach and educational programs to increase scheme participation (Rajeswari & Kartheeswari, 2011). Additionally, the study aims to compare the perceptions of AB-PMJAY with other health insurance schemes available in the region, providing a benchmark for performance and highlighting areas where AB-PMJAY excels or falls short.

Another key secondary objective is to explore the impact of AB-PMJAY on the financial health of households. This involves analyzing how the scheme has mitigated out-of-pocket healthcare expenses and prevented households from falling into poverty due to medical costs. Furthermore, the study aims to assess the quality of care received by policyholders under AB-PMJAY compared to those without insurance or with other types of insurance. This comparison will help in understanding the scheme's role in improving healthcare outcomes and patient satisfaction (Santhosh, 2021).

The study also intends to investigate the long-term sustainability of AB-PMJAY from the perspective of healthcare providers. This includes examining the financial viability of participating in the scheme, the adequacy of reimbursements, and the administrative load it imposes on healthcare facilities. By identifying these issues, the study aims to suggest policy recommendations that can ensure the scheme's sustainability and encourage more providers to participate.

Finally, a secondary objective is to provide actionable insights and recommendations for policymakers. These insights will be based on the findings from the primary and secondary objectives and will aim to enhance the design, implementation, and impact of AB-PMJAY. Recommendations may include strategies for improving awareness, reducing administrative burdens, ensuring timely reimbursements, and maintaining high standards of care (Rajeswari & Kartheeswari, 2011; Santhosh, 2021).

In summary, this study's primary and secondary objectives collectively aim to provide a detailed and actionable understanding of the perceptions and challenges associated with AB-PMJAY in Noida-Ghaziabad. By addressing both the immediate and broader aspects of the scheme, the study seeks to contributevaluable insights that can guide policy enhancements and improve healthcare delivery for the region’s population.

AIMS OF THE STUDY

The aim of studying the perceptions of both healthcare providers and policyholders regarding the Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) in the Noida-Ghaziabad region is to understand their perspectives, attitudes, and experiences related to the scheme. This understanding will facilitate the identification of barriers, challenges, and opportunities for effective implementation and optimization of AB-PMJAY in this specific geographical context.

Research Questions/Hypotheses

Key Questions Guiding the Research

The study is guided by several key research questions aimed at understanding the perceptions and experiences of healthcare providers and policyholders under the Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) in the NoidaGhaziabad region. These questions are designed to explore various aspects of the scheme's implementation, effectiveness, and impact:

1. **What is the level of awareness and understanding of AB-PMJAY among policyholders in Noida-Ghaziabad?**

This question seeks to assess how wellinformed the beneficiaries are about the scheme, its benefits, and the procedures for availing services. Understanding awareness levels can help identify gaps in communication and outreach efforts (Bhat, 2005).

2. **What are the satisfaction levels of policyholders with the healthcare services received under AB-PMJAY?**

This question aims to evaluate the overall satisfaction of beneficiaries regarding the quality of care, ease of access, and financial protection provided by the scheme. It also seeks to identify specific areas where policyholders feel improvements are needed (Kulkarni, 2013).

3. **What challenges do healthcare providers face in the implementation of ABPMJAY?**

This question explores the operational difficulties encountered by hospitals and clinics, such as delays in reimbursements, administrative burdens, and resource constraints. Understanding these challenges is crucial for suggesting improvements to the scheme's administration (Bhat, 2005).

4. **How does the perception of AB-PMJAY differ between public and private healthcare providers?**

This question examines whether there are significant differences in the experiences and viewpoints of public versus private healthcare providers regarding the scheme's effectiveness and operational feasibility (Kulkarni, 2013).

5. **What socio-economic and demographic factors influence the utilization of ABPMJAY**

among policyholders?

This question investigates how factors such as age, gender, income level, and education affect the likelihood of individuals utilizing the scheme. Identifying these factors can help tailor interventions to increase utilization among underrepresented groups (Bhat, 2005).

6. **What impact has AB-PMJAY had on reducing out-of-pocket healthcare expenditures for policyholders?**

This question assesses the financial benefits of the scheme for its beneficiaries, focusing on whether it has successfully alleviated the economic burden of healthcare costs (Kulkarni, 2013).

7. **How does the quality of care received under AB-PMJAY compare with other health insurance schemes or no insurance?**

This question aims to compare the healthcare outcomes and patient satisfaction between those covered by ABPMJAY and those with other insurance or without any insurance, to gauge the scheme's effectiveness in improving healthcare quality (Bhat, 2005).

8. **What are the long-term sustainability prospects of AB-PMJAY from the perspective of healthcare providers?**

This question explores whether the scheme is financially and operationally sustainable for hospitals and clinics in the long term, considering factors such as reimbursement rates and administrative load (Kulkarni, 2013).

Significance of the Study

Importance and Implications of the Research

The significance of this study lies in its comprehensive assessment of the Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) from the perspectives of both healthcare providers and policyholders in the Noida Ghaziabad region. As one of the largest government-funded health insurance schemes in the world, AB-PMJAY aims to provide financial protection against catastrophic health expenditures for millions of vulnerable families in India. However, the effectiveness of such an ambitious initiative depends on its acceptance and successful implementation on the ground.

Understanding the perceptions of policyholders is crucial for evaluating the scheme's impact on the target population. By assessing the awareness, satisfaction, and utilization of AB-PMJAY among policyholders, this study highlights the real world challenges and barriers faced by beneficiaries. Such insights are essential for policymakers and program administrators to design targeted interventions that enhance awareness and improve the user experience, ensuring that the benefits of the scheme reach those who need them the most (Vaidheeswaran & Baskaran, 2023).

From the perspective of healthcare providers, the study sheds light on the operational and administrative challenges encountered during the implementation of AB-PMJAY. Issues such as delayed reimbursements, bureaucratic hurdles, and resource constraints can significantly impact the willingness of healthcare providers to participate in the scheme. By identifying these challenges, the study provides valuable feedback that can help streamline administrative processes, ensuring timely reimbursements and reducing the operational burden on healthcare providers (Yu, 2024).

Moreover, the research contributes to the broader discourse on health insurance and universal health coverage in developing countries. By comparing the experiences and perceptions of public and private healthcare providers, the study offers insights into the dynamics of mixed healthcare systems. This comparative analysis can inform future policies aimed at fostering collaboration between public and private sectors, ultimately improving the quality and accessibility of healthcare services (Vaidheeswaran & Baskaran, 2023).

The findings of this study have significant implications for the long-term sustainability of AB-PMJAY. By examining the financial viability and administrative feasibility from the providers' viewpoint, the research highlights critical factors that influence the scheme's sustainability. Policymakers can use these insights to make necessary adjustments, ensuring that the scheme remains financially viable and continues to attract healthcare providers (Yu, 2024).

Additionally, the study's focus on socio-economic and demographic factors influencing the utilization of AB-PMJAY provides a nuanced understanding of the scheme's reach and impact.

This knowledge is vital for designing inclusive policies that address the needs of underrepresented and vulnerable groups, thereby promoting health equity (Vaidheeswaran & Baskaran, 2023).

In summary, this study's significance lies in its dual focus on policyholders and healthcare providers, offering a holistic evaluation of AB-PMJAY's implementation in the Noida-Ghaziabad region. The insights gained from this research can guide policy enhancements, improve healthcare delivery, and ensure the long-term success and sustainability of one of India's most ambitious health insurance schemes. By addressing the identified challenges and leveraging the opportunities, AB-PMJAY can better fulfill its mission of providing accessible and equitable healthcare to all (Yu, 2024).

Scope and Limitations.

Define the Boundaries of the Study

The scope of this study encompasses an in-depth examination of the Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) as it is implemented in the Noida-Ghaziabad region. This research aims to assess the perceptions and experiences of both healthcare providers and policyholders within this specific geographic area, providing a detailed understanding of the scheme's operational effectiveness and impact.

Scope of the Study

Geographic Focus:.

The study is confined to the Noida-Ghaziabad region, which is part of the larger National Capital Region (NCR) of India. This area has been selected due to its unique urban dynamics and the diverse demographic profile of its population (Stempel, 1993).

Participants:

The primary participants of this study include policyholders who are beneficiaries of AB-PMJAY and healthcare providers, both public and private, who are involved in delivering healthcare services under the scheme. The selection of participants is aimed at capturing a comprehensive range of experiences and perceptions.

Data Collection Methods:

A mixed-methods approach will be employed, involving quantitative surveys to gather statistical data and qualitative interviews to explore in-depth perspectives. This combination allows for a robust analysis of both measurable outcomes and nuanced experiences..

Key Variables:

Key variables include awareness levels, satisfaction, challenges faced by policyholders, operational and administrative issues faced by healthcare providers, and the overall impact on

healthcare access and financial protection.

Limitations of the Study

Geographic Limitation:

The study is limited to the Noida-Ghaziabad region and may not fully represent the experiences of policyholders and providers in other parts of India. Regional variations in healthcare infrastructure, socio-economic conditions, and administrative practices can influence the findings, making them specific to this area (Vazifehdust & Memarian, 2013).

Participant Selection:

While efforts will be made to ensure a diverse and representative sample, the study may face challenges in reaching all segments of the population, particularly the most marginalized groups who may have limited access to information and communication channels. This could result in a potential bias in the collected data.

Data Collection Constraints:

The reliance on self-reported data from surveys and interviews introduces the possibility of response biases, where participants might provide socially desirable answers rather than their true perceptions. Additionally, qualitative data interpretation is inherently subjective, which could influence the study's conclusions (Stempel, 1993).

Time and Resource Constraints:

The scope of the study is further limited by time and resource constraints. Conducting comprehensive surveys and interviews, especially in a large and diverse urban area like Noida-Ghaziabad, requires significant resources. These constraints might limit the depth and breadth of the research.

Evolving Policies and Practices:

AB-PMJAY is a relatively new and evolving scheme. Policies, procedures, and

implementation practices may change during the course of the study, which could impact the findings. The dynamic nature of healthcare policy implementation needs to be considered when interpreting the results (Vazifehdust & Memarian, 2013).

External Validity:

The findings from this study may have limited generalizability to other regions or contexts. While the insights gained are valuable for the Noida-Ghaziabad area, extrapolating these results to different settings should be done with caution, considering regional differences in healthcare delivery and policy execution.

In conclusion, while this study aimsto provide a comprehensive assessment of ABPMJAY in Noida-Ghaziabad, acknowledging its scope and limitations is crucial for understanding the context and applicability of its findings. By defining these boundaries, the research aims to offer actionable insights that are relevant to the local context, while also contributing to the broader discourse on health insurance and healthcare accessibility in India.

REVIEW OF LITERATURE

Overview of the Literature Review's Purpose The literature review serves a fundamental purpose in academic research by providing a comprehensive synthesis of existing knowledge on a given topic, identifying gaps in the current understanding, and contextualizing the research within the broader scholarly discourse. In the context of this study on the Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) in Noida Ghaziabad, the literature review aims to achieve several critical objectives (Warnakulasooriya & Siyabalapitiya, 2015).

Firstly, the literature review offers a detailed examination of the historical and contemporary perspectives on health insurance in India. It explores the evolution of health insurance schemes in the country, with a particular focus on governmentinitiated programs aimed at providing financial protection against healthcare costs for economically vulnerable populations. By tracing the development of these schemes, the review helps to understand the context in which AB-PMJAY was conceived and implemented, highlighting its significance and intended impact (Kaur, 2021).

Secondly, the literature review critically analyzes the various dimensions of ABPMJAY, including its objectives, coverage, implementation mechanisms, and outcomes. It reviews empirical studies that have evaluated the scheme's effectiveness in different regions, providing insights into its successes and challenges. This analysis helps to establish a foundation for the current study by identifying key themes and issues that have been previously explored, as well as those that remain under-researched. For instance, the review may reveal variations in scheme implementation across different states, differences in beneficiary experiences, and disparities in healthcare provider participation (Warnakulasooriya & Siyabalapitiya, 2015).

Another essential purpose of the literature review is to synthesize research findings on the perceptions and experiences of both policyholders and healthcare providers regarding health insurance schemes similar to AB-PMJAY. This synthesis includes studies from India and other countries with comparable socio-economic contexts. By examining these perspectives, the review highlights common challenges such as awareness gaps, administrative burdens, and

financial sustainability issues, as well as strategies that have been effective in addressing these challenges. This comparative analysis enriches the understanding of AB-PMJAY's implementation and provides a broader context for interpreting the study's findings (Kaur, 2021).

The literature review also aims to identify theoretical frameworks and methodologies that have been employed in previous research on health insurance schemes. Understanding these frameworks and methodologies is crucial for designing robust research that can yield meaningful and reliable results. The review assesses the strengths and limitations of different approaches, guiding the selection of appropriate research methods for the current study. For example, it may compare quantitative methods like surveys and statistical analyses with qualitative approaches such as interviews and case studies, discussing their respective contributions to understanding health insurance dynamics (Warnakulasooriya & Siyabalapitiya, 2015).

Furthermore, the literature review serves to highlight the existing gaps in knowledge that the current study seeks to address. Despite the extensive research on health insurance schemes, specific aspects of AB-PMJAY, particularly in the context of urban areas like Noida-Ghaziabad, may still be under-explored. Identifying these gaps helps to justify the research questions and objectives, demonstrating the study's potential contribution to the field. For instance, there may be limited research on the long-term sustainability of AB-PMJAY from the perspective of healthcare providers, or on the socio-economic factors influencing policyholder utilization in urban settings (Kaur, 2021).

In summary, the literature review's purpose is multifaceted: it provides a historical and contemporary context for AB-PMJAY, synthesizes existing research on health insurance perceptions and experiences, evaluates theoretical and methodological approaches, and identifies knowledge gaps that the current study aims to fill. By achieving these objectives, the literature review lays a solid foundation for the research, ensuring that it is grounded in existing scholarship while also advancing new insights and understanding (Warnakulasooriya & Siyabalapitiya, 2015; Kaur, 2021).

Detailed Description and History

Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB-PMJAY), launched in September 2018, represents one of the most ambitious health insurance schemes globally, aiming to provide financial protection and accessible healthcare to India's economically vulnerable population. This initiative is part of the broader Ayushman Bharat (Healthy India) program, which was introduced by the Government of India to achieve universal health coverage and address the various health disparities in the country (Thakur, Shannawaz, & Saeed, 2023).

The genesis of AB-PMJAY can be traced back to the persistent challenges faced by India's healthcare system, particularly the high out-of-pocket expenses that significantly burden the poor and push millions into poverty each year. Before ABPMJAY, several fragmented state and national health insurance schemes existed, such as the Rashtriya Swasthya Bima Yojana (RSBY), which aimed to provide financial protection against health costs. However, these schemes often suffered from limited coverage, inadequate funding, and administrative inefficiencies, which hindered their effectiveness and reach (Bhat, 2005).

AB-PMJAY was conceptualized to overcome these limitations by providing a more comprehensive and integrated health insurance solution. The scheme offers an annual health cover of Rs. 5 lakhs per family for secondary and tertiary care hospitalization, encompassing nearly 1,400 medical procedures. This extensive coverage ensures that beneficiaries can access a wide range of treatments, from basic medical procedures to complex surgeries, without the financial burden traditionally associated with healthcare in India (Abraham & Ray, 2020).

The implementation of AB-PMJAY involves a collaborative approach between the central and state governments. The scheme is managed by the National Health Authority (NHA) at the central level, which oversees policy formulation, coordination, and monitoring. At the state level, State Health Agencies (SHAs) are responsible for the actual implementation, including empanelment of hospitals, beneficiary identification, and claim processing. This decentralized structure allows for flexibility and customization according to the specific healthcare needs

and administrative capabilities of each state (Boateng & Awunyor-Vitor, 2013).

One of the key innovations of AB-PMJAY is the use of a robust IT infrastructure to manage the vast volume of data and processes involved. The scheme employs a paperless and cashless system, where beneficiaries can access healthcare services by presenting their Ayushman Bharat cards at empaneled hospitals. The IT platform facilitates real-time tracking of claims, fraud detection, and performance monitoring, ensuring transparency and efficiency. This technological backbone is crucial for managing the scheme's scale and complexity, given the large number of beneficiaries and healthcare providers involved (Myint, Pavlova, & Groot, 2019).

Despite its ambitious scope and innovative features, AB-PMJAY has faced several challenges since its inception. Healthcare providers have reported issues such as delayed reimbursements and the bureaucratic burden of claims processing. Additionally, there is a continuous need to raise awareness among potential beneficiaries about the scheme and how to utilize it effectively. Addressing these challenges requires ongoing efforts to streamline administrative processes, enhance communication strategies, and ensure adequate funding and support for healthcare providers (Rajeswari & Kartheeswari, 2011).

The impact of AB-PMJAY has been significant, with millions of beneficiaries receiving free treatment for various ailments since its launch. The scheme has not only provided financial relief to countless families but also encouraged the expansion and improvement of healthcare infrastructure in many regions. Hospitals, both public and private, have upgraded their facilities and expanded their services to cater to the increased demand generated by the scheme (Kulkarni, 2013).

In conclusion, AB-PMJAY represents a landmark initiative in India's journey towards universal health coverage. By addressing the financial barriers to healthcare access and providing comprehensive coverage, the scheme aims to create a more equitable and efficient healthcare system. While challenges remain, the ongoing efforts to refine and enhance AB-PMJAY will be crucial in ensuring its long-term success and sustainability, ultimately

contributing to the health and well-being of India's population (Thakur et al., 2023; Abraham & Ray, 2020).

Key Features and Components

Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) is distinguished by several key features and components that make it a comprehensive and transformative health insurance scheme. These features are designed to ensure broad coverage, accessibility, and sustainability, addressing the multifaceted healthcare needs of India's diverse population (Kapoor & Husain, 2023).

Extensive Coverage: AB-PMJAY provides an annual health cover of Rs. 5 lakhs per family for secondary and tertiary care hospitalization. This extensive coverage is aimed at reducing the financial burden of healthcare costs on economically vulnerable families. The scheme covers nearly 1,400 medical procedures, including major surgeries, critical treatments, and chronic disease management. By offering such a wide range of services, AB-PMJAY ensures that beneficiaries can access essential medical care without facing prohibitive costs (Risal et al., 2022).

Cashless and Paperless Access: One of the most significant features of ABPMJAY is its cashless and paperless service model. Beneficiaries are provided with Ayushman Bharat cards, which they can present at any empaneled hospital to receive treatment without any upfront payment. This system is facilitated by a robust IT infrastructure that enables real-time verification of beneficiaries, claim submissions, and processing. The cashless model removes financial barriers at the point of care, ensuring that patients can focus on their health rather than financial concerns (Kapoor & Husain, 2023).

Comprehensive Empanelment of Hospitals: AB-PMJAY empanels a diverse range of healthcare providers, including both public and private hospitals, to ensure widespread access to healthcare services. The empanelment process includes stringent quality checks and accreditation standards to maintain high standards of care. By involving private hospitals, the

scheme leverages the capacity and capabilities of the private sector, enhancing the overall reach and quality of healthcare services available to beneficiaries (Risal et al., 2022).

Portability of Benefits: The scheme offers portability of benefits across India, allowing beneficiaries to avail of healthcare services at any empaneled hospital, regardless of their state of residence. This feature is particularly beneficial for migrant workers and their families, who often face challenges in accessing consistent healthcare due to their mobile lifestyle. Portability ensures that beneficiaries receive uninterrupted care, contributing to better health outcomes (Kapoor & Husain, 2023).

Pre- and Post-Hospitalization Coverage: AB-PMJAY covers prehospitalization expenses for up to three days before the hospitalization and posthospitalization expenses for up to 15 days after discharge. This comprehensive approach ensures that patients receive necessary follow-up care, reducing the risk of complications and promoting recovery. The inclusion of pre- and posthospitalization care highlights the scheme's commitment to providing holistic healthcare services (Risal et al., 2022).

Fraud Detection and Monitoring: To maintain the integrity of the scheme, ABPMJAY incorporates advanced fraud detection and monitoring mechanisms. The IT platform used by the scheme includes real-time tracking of claims and treatments, which helps identify and prevent fraudulent activities. Regular audits and compliance checks are conducted to ensure adherence to guidelines and to protect the scheme from misuse. These measures are crucial for maintaining trust and ensuring the efficient use of resources (Kapoor & Husain, 2023).

Focus on Preventive Health: While AB-PMJAY primarily focuses on secondary and tertiary care, it also emphasizes preventive health measures. The scheme encourages regular health check-ups and early diagnosis of diseases, which are critical for effective disease management and reducing the overall healthcare burden. By promoting preventive health, AB-PMJAY aims to improve the longterm health of its beneficiaries and reduce the incidence of severe health conditions (Risal et al., 2022).

Inclusion of Daycare Procedures: The scheme covers various daycare procedures that do not require prolonged hospital stays but are essential for effective treatment. These include surgeries and medical treatments that can be completed within a few hours, minimizing disruption to the patient's life while ensuring they receive necessary care. Inclusion of daycare procedures reflects the scheme's adaptability to contemporary healthcare needs and practices (Kapoor & Husain, 2023).

In summary, the key features and components of AB-PMJAY are designed to provide comprehensive, accessible, and sustainable healthcare coverage to India's economically vulnerable populations. By addressing financial barriers, ensuring high standards of care, and promoting preventive health, the scheme aims to transform the healthcare landscape in India, ultimately contributing to improved health outcomes and reduced poverty (Kapoor & Husain, 2023; Risal et al., 2022).

General Overview

India's healthcare system is a vast and complex network, reflecting the country's diversity and socio-economic disparities. It comprises both public and private sectors, each playing crucial roles in providing healthcare services to a population exceeding 1.3 billion. The public sector, funded and managed by the government, aims to provide affordable and accessible healthcare, particularly to the rural and economically disadvantaged populations. However, public healthcare facilities often struggle with issues such as overcrowding, inadequate infrastructure, and shortages of medical personnel and supplies (Thakur, Shannawaz, & Saeed, 2023).

The private healthcare sector, on the other hand, offers a wide range of services, often with better infrastructure and shorter wait times compared to public facilities. Private hospitals and clinics cater to those who can afford out-of-pocket payments or have health insurance. Despite their advanced capabilities, the high cost of services in the private sector remains a significant barrier for many Indians, emphasizing the need for comprehensive health insurance schemes (Bhat, 2005).

The Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) was introduced to bridge these gaps by providing substantial financial coverage for healthcare services to economically vulnerable families. Launched in September 2018, AB-PMJAY is designed to cover secondary and tertiary care hospitalizations, offering an annual health cover of Rs. 5 lakhs per family. The scheme is hailed as the world's largest government-funded health insurance initiative, aiming to cover over 50 crore beneficiaries. This ambitious program is part of the broader Ayushman Bharat mission, which also includes the establishment of Health and Wellness Centers (HWCs) across India to provide comprehensive primary healthcare (Abraham & Ray, 2020).

One of the critical elements of AB-PMJAY is its emphasis on accessibility and ease of use. Beneficiaries can avail themselves of cashless and paperless healthcare services at empaneled public and private hospitals nationwide. The scheme leverages a robust IT infrastructure to facilitate real-time beneficiary verification, claims processing, and fraud detection. This digital approach ensures transparency and efficiency, addressing common issues faced by previous health insurance schemes, such as delayed reimbursements and administrative bottlenecks (Boateng & Awunyor-Vitor, 2013).

The implementation of AB-PMJAY involves significant collaboration between the central and state governments. The National Health Authority (NHA) oversees the scheme at the national level, while State Health Agencies (SHAs) manage its execution within their respective states. This decentralized approach allows states to tailor the scheme to their specific healthcare needs and challenges, ensuring a more responsive and effective healthcare delivery system (Myint, Pavlova, & Groot, 2019).

Despite its ambitious goals and innovative features, AB-PMJAY faces several challenges. One of the primary issues is raising awareness among eligible beneficiaries about the scheme and how to access its benefits. Many potential beneficiaries are unaware of their entitlements or find the enrollment process cumbersome. Additionally, healthcare providers often encounter bureaucratic hurdles and delays in claim reimbursements, which can deter participation and

compromise the scheme's effectiveness. Addressing these challenges requires continuous efforts in education, streamlining administrative processes, and ensuring timely financial support to healthcare providers (Rajeswari & Kartheeswari, 2011).

The impact of AB-PMJAY extends beyond individual health benefits. By reducing out-of-pocket healthcare expenditures, the scheme plays a vital role in poverty alleviation and economic stability for millions of families. Furthermore, it stimulates improvements in healthcare infrastructure and quality by increasing demand for services and encouraging private sector participation. The scheme's focus on preventive health measures, such as regular check-ups and early disease detection, also contributes to the long-term health and well-being of the population (Kulkarni, 2013).

In conclusion, the general overview of India's healthcare system and the introduction of AB-PMJAY highlight the significant strides being made towards achieving universal health coverage. The scheme's comprehensive coverage, digital integration, and collaborative governance model represent a transformative approach to addressing India's healthcare challenges. While obstacles remain, the ongoing efforts to enhance awareness, streamline operations, and ensure sustainability are crucial for the success of AB-PMJAY and the broader goal of equitable healthcare for all Indians (Thakur et al., 2023; Abraham & Ray, 2020).

Specific Details on Noida-Ghaziabad

Noida and Ghaziabad, part of the National Capital Region (NCR) of India, have emerged as significant urban centers with a rapidly growing population and dynamic economic landscape. These cities are characterized by their industrial hubs, commercial developments, and residential expansions, making them pivotal to the NCR's overall growth. However, the healthcare infrastructure in Noida and Ghaziabad faces unique challenges that reflect the broader disparities in urban healthcare provision in India (Bernard, Liu, & Vanduffel, 2020).

Urbanization and Population Growth: Noida and Ghaziabad have experienced accelerated urbanization over the past few decades, attracting a diverse population due to their proximity

to Delhi and burgeoning economic opportunities. This rapid population growth has put considerable pressure on the existing healthcare infrastructure. The influx of people has led to overcrowded public healthcare facilities, which struggle to meet the increasing demand for services. This situation is exacerbated by the limited expansion of public healthcare infrastructure compared to the pace of urban development (Kowsika & Venkatesan, 2020).

Public Healthcare Challenges: Public hospitals in Noida and Ghaziabad often face issues such as inadequate staffing, insufficient medical supplies, and outdated infrastructure. These challenges result in long waiting times, reduced quality of care, and patient dissatisfaction. The government has been making efforts to improve the situation through various initiatives, including the integration of schemes like Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB-PMJAY). However, the sheer volume of patients and the limited resources pose significant hurdles to providing effective and timely healthcare (Bernard et al., 2020).

Private Healthcare Sector: The private healthcare sector in Noida and Ghaziabad plays a crucial role in supplementing the public system. Private hospitals and clinics offer a range of specialized and advanced medical services, often with better infrastructure and shorter waiting times. However, the cost of healthcare in private facilities can be prohibitive for many residents, especially those without adequate health insurance coverage. This disparity highlights the importance of schemes like AB-PMJAY, which aim to make high-quality healthcare accessible to economically vulnerable populations by providing financial protection and reducing out-of-pocket expenses (Kowsika & Venkatesan, 2020).

Health Insurance Penetration: The penetration of health insurance in Noida and Ghaziabad has been growing, driven by government initiatives and increased awareness among residents. AB-PMJAY, in particular, has made significant strides in enrolling beneficiaries and empaneling hospitals to provide cashless and paperless services. However, challenges remain in ensuring that all eligible individuals are aware of and can access the scheme's benefits. Continuous efforts are needed to improve outreach and education, particularly in low-income and marginalized communities (Bernard et al., 2020).

Socio-Economic Disparities: Noida and Ghaziabad exhibit significant socioeconomic disparities, with affluent neighborhoods existing alongside underdeveloped areas with inadequate basic amenities. These disparities extend to healthcare access, where residents of wealthier areas have better access to private healthcare services, while those in poorer regions rely heavily on overburdened public facilities. Addressing these inequalities is crucial for achieving equitable healthcare delivery in these cities. Implementing comprehensive health insurance schemes effectively and ensuring that they reach the most vulnerable populations are key steps in this direction (Kowsika & Venkatesan, 2020).

Healthcare Workforce: Another critical issue in Noida and Ghaziabad is the shortage of healthcare professionals. Both public and private healthcare facilities face difficulties in attracting and retaining qualified medical staff, including doctors, nurses, and technicians. This shortage affects the quality of care and increases the workload on existing staff, leading to burnout and decreased efficiency. Enhancing medical education and training facilities, along with better working conditions, can help mitigate these workforce challenges (Bernard et al., 2020).

Technological Integration: Technological advancements have been increasingly integrated into the healthcare systems of Noida and Ghaziabad. Hospitals are adopting electronic health records (EHRs), telemedicine, and other digital health solutions to improve service delivery and patient outcomes. These technologies facilitate better patient management, reduce errors, and enhance the overall efficiency of healthcare services. The successful implementation of these technologies, however, requires adequate investment and training for healthcare professionals (Kowsika & Venkatesan, 2020).

In conclusion, Noida and Ghaziabad, as rapidly developing urban centers, face a unique set of healthcare challenges that necessitate coordinated efforts and strategic interventions. Addressing the disparities in healthcare access and quality, enhancing the public healthcare infrastructure, and leveraging private sector capabilities are essential steps towards building a robust healthcare system. Schemes like AB-PMJAY play a vital role in bridging the gap between demand and supply, ensuring that all residents have access to affordable and high-

quality healthcare services (Bernard et al., 2020; Kowsika & Venkatesan, 2020).

Literature on Providers' Views on Similar Health Schemes

Healthcare providers' perspectives on health insurance schemes are crucial for understanding the operational efficacy, challenges, and overall impact of such initiatives. Providers' views offer valuable insights into the practical aspects of scheme implementation, including the administrative burdens, financial viability, and the quality of care delivered to beneficiaries. Various studies have explored these perspectives in different contexts, highlighting common themes and unique challenges faced by healthcare providers.

A study by Bhat (2005) delves into the perceptions of healthcare providers regarding third-party administrators and health insurance in India. The study reveals that while providers appreciate the increased patient inflow and potential revenue from participating in health insurance schemes, they often face significant administrative challenges. These challenges include cumbersome paperwork, delayed reimbursements, and complex claim processing procedures, which can detract from patient care and strain hospital resources. Providers emphasize the need for streamlined processes and timely payments to maintain the financial health of their institutions and ensure the sustainability of their participation in these schemes. Another critical aspect highlighted in the literature is the issue of reimbursement rates. Healthcare providers frequently express concerns about the adequacy of the reimbursement rates set by health insurance schemes. Kulkarni (2013) notes that many providers feel the rates do not sufficiently cover the actual costs of services rendered, leading to financial losses. This under-compensation can discourage providers from fully engaging with the scheme, potentially limiting the availability of services to beneficiaries. Adequate and timely reimbursements are essential to incentivize providers and ensure they can continue offering high-quality care without compromising their financial stability.

Providers also highlight the importance of a supportive regulatory and policy framework. In a study conducted by Risal et al. (2022), healthcare providers in Nepal reported that clear guidelines and supportive policies are crucial for the effective implementation of health

insurance schemes. They emphasized the need for continuous dialogue between providers and policymakers to address operational challenges and make necessary adjustments. Such collaboration can help refine the scheme's implementation, ensuring it meets the needs of both providers and beneficiaries.

The literature also underscores the role of technology in enhancing the efficiency of health insurance schemes. Kapoor and Husain (2023) discuss how the integration of advanced IT systems can alleviate many of the administrative burdens faced by healthcare providers. Electronic health records (EHRs), real-time claim processing, and automated verification systems can significantly reduce paperwork, expedite reimbursements, and improve overall efficiency. Providers advocate for greater investment in technology infrastructure to streamline operations and enhance the quality of care.

Moreover, the impact of health insurance schemes on the quality of care is a recurring theme in the literature. Providers often highlight the positive effects of such schemes in terms of enabling more patients to access necessary medical services. However, they also caution against the potential for reduced quality due to financial constraints and administrative pressures. Ensuring that health insurance schemes include provisions for maintaining and improving care quality is vital for their long-term success and acceptance by healthcare providers (Bhat, 2005).

The literature also points to the need for ongoing training and support for healthcare providers. Implementing health insurance schemes often involves new procedures and systems, which can be challenging for providers to navigate without adequate training. Studies suggest that regular training programs and support mechanisms can help providers adapt to these changes, ensuring they can effectively participate in the scheme and deliver high-quality care to beneficiaries (Kulkarni, 2013).

In conclusion, healthcare providers' views on health insurance schemes are shaped by a complex interplay of administrative challenges, financial considerations, regulatory support, technological integration, and the impact on care quality. Addressing these concerns through

streamlined processes, adequate reimbursements, supportive policies, and ongoing training is crucial for the successful implementation and sustainability of health insurance schemes. By considering providers' perspectives, policymakers can design more effective and provider-friendly schemes that ultimately enhance healthcare access and quality for all beneficiaries (Bhat, 2005; Kulkarni, 2013; Risal et al., 2022; Kapoor & Husain, 2023).

Challenges and Benefits Faced by Providers

Challenges Faced by Providers

Healthcare providers participating in health insurance schemes like Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) encounter a range of challenges that can impact their ability to deliver high-quality care and maintain financial stability. One of the primary challenges is the administrative burden associated with these schemes. Providers often have to deal with extensive paperwork, detailed documentation, and complex claim processing procedures. This can divert significant time and resources away from patient care, leading to inefficiencies and increased operational costs (Alladi et al., 2022).

Another major challenge is the delay in reimbursement. Providers frequently report that the time taken to process and receive payments for services rendered under health insurance schemes is excessively long. These delays can create cash flow problems, particularly for smaller hospitals and clinics that may not have substantial financial reserves. The uncertainty and unpredictability of reimbursements can also discourage providers from fully participating in the scheme, thereby limiting its reach and effectiveness (Chaudhary & Kaur, 2016).

Reimbursement rates themselves are often a point of contention. Many healthcare providers feel that the rates set by health insurance schemes do not adequately cover the actual costs of medical services. This under-compensation can lead to financial losses and make it challenging for providers to sustain their operations. Providers are forced to balance the need to participate in these schemes to attract patients with the financial viability of accepting lower reimbursement rates, which can be particularly problematic in high-cost urban areas (Alladi et al., 2022).

Operational challenges are also significant. The requirement to comply with scheme guidelines and standards can necessitate changes in clinical and administrative practices. For example, the need for real-time data entry and electronic record-keeping can be a substantial shift for facilities that are used to paper-based systems. Ensuring that staff are adequately trained and that systems are in place to meet these requirements can be resource-intensive and timeconsuming (Chaudhary & Kaur, 2016).

Benefits Faced by Providers Despite these challenges, healthcare providers also recognize several benefits associated with participating in health insurance schemes like AB-PMJAY. One of the most significant benefits is the increased patient inflow. Health insurance schemes often attract more patients to healthcare facilities because they lower the financial barriers to accessing care. This increased patient volume can lead to higher overall revenues, even if the reimbursement rates per service are lower (Alladi et al., 2022).

Additionally, participation in health insurance schemes can lead to improvements in healthcare infrastructure. To meet the standards and requirements of these schemes, providers often invest in upgrading their facilities, adopting new technologies, and enhancing their service offerings. These improvements can have long-term benefits, increasing the quality of care and the reputation of the healthcare provider, which can attract even more patients in the future (Chaudhary & Kaur, 2016).

Another significant benefit is the reduction in out-of-pocket expenses for patients, which can improve patient satisfaction and health outcomes. When patients do not have to worry about the financial burden of healthcare, they are more likely to seek timely medical attention and adhere to treatment plans. This can lead to better health outcomes and a more stable patient base for healthcare providers (Alladi et al., 2022).

Participation in schemes like AB-PMJAY also enhances the scope of services that providers can offer. By covering a wide range of treatments and procedures, these schemes allow providers to cater to a broader spectrum of healthcare needs. This comprehensive service provision can enhance the provider’s role in the community and establish it as a one-stop

destination for various healthcare requirements (Chaudhary & Kaur, 2016).

Moreover, being part of a government-funded health insurance scheme can improve a provider's credibility and trust within the community. Patients are more likely to trust and seek care from providers that are recognized and empaneled by such schemes. This trust can lead to a stronger provider-patient relationship, fostering loyalty and encouraging preventive care and regular health check-ups (Alladi et al., 2022).

In conclusion, while healthcare providers face several challenges when participating in health insurance schemes like AB-PMJAY, including administrative burdens, delayed reimbursements, and financial constraints, the benefits such as increased patient inflow, infrastructure improvements, enhanced service scope, and improved patient satisfaction and health outcomes are significant. Addressing the challenges through policy adjustments, streamlined processes, and better support systems can further enhance these benefits, making such schemes more effective and sustainable (Alladi et al., 2022; Chaudhary & Kaur, 2016).

Literature on Policyholders' Experiences and Satisfaction

The experiences and satisfaction of policyholders with health insurance schemes, such as the Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB-PMJAY), provide crucial insights into the effectiveness and impact of these programs. Several studies have explored the perspectives of policyholders, highlighting both positive outcomes and areas needing improvement. Understanding these experiences is essential for refining health insurance schemes and ensuring they meet the needs of beneficiaries.

Policyholders generally appreciate the financial protection offered by health insurance schemes, which significantly reduce out-of-pocket expenses for medical care. Studies indicate that policyholders value the ability to access a broad range of medical services without worrying about the immediate financial burden. This financial security is particularly important for economically vulnerable families, who might otherwise be forced to forego necessary treatments due to cost concerns (Kowsika & Venkatesan, 2020).

However, awareness and understanding of health insurance benefits among policyholders often vary. Many beneficiaries are not fully aware of the specific services covered under their insurance plans or the procedures for availing themselves of these benefits. This lack of awareness can lead to underutilization of available services. For instance, Bernard et al. (2020) found that a significant proportion of policyholders did not fully understand their entitlements under ABPMJAY, which affected their ability to utilize the scheme effectively. This gap highlights the need for comprehensive education and outreach programs to ensure that policyholders are well-informed about their benefits.

Satisfaction levels among policyholders are influenced by their experiences with the healthcare services provided under the insurance scheme. Positive experiences, such as receiving timely and quality care without bureaucratic hurdles, enhance satisfaction and trust in the scheme. Conversely, issues such as long waiting times, inadequate facilities, and perceived lower quality of care can lead to dissatisfaction. Policyholders often compare their experiences with those in private healthcare settings, which can set higher expectations for service quality under governmentfunded schemes (Chaudhary & Kaur, 2016).

Another critical factor affecting policyholder satisfaction is the ease of accessing healthcare services. Policyholders value schemes that offer a seamless, hassle-free process for seeking medical care. The cashless and paperless features of schemes like AB-PMJAY are designed to simplify the process for beneficiaries. When these features work smoothly, they significantly enhance policyholder satisfaction. However, any breakdowns in the system, such as difficulties in verifying eligibility or delays in service provision, can create frustration and reduce trust in the scheme (Alladi et al., 2022).

The perceived quality of care is another vital determinant of satisfaction. Policyholders expect high standards of medical care regardless of whether they are treated in public or private facilities. Studies show that when the quality of care under a health insurance scheme meets or exceeds expectations, it positively impacts beneficiaries' overall satisfaction. This underscores the importance of continuous quality improvement in healthcare services provided under

insurance schemes (Rajeswari & Kartheeswari, 2011).

Furthermore, policyholders' experiences are shaped by their interactions with healthcare providers. Respectful and compassionate treatment by medical staff enhances satisfaction, whereas negative interactions can lead to dissatisfaction. Training healthcare providers to offer patient-centered care and improving communication can significantly impact policyholders' experiences positively (Bernard et al., 2020).

Finally, the broader impact of health insurance on policyholders' financial and social well-being contributes to their satisfaction. When policyholders feel that the insurance scheme effectively protects them from catastrophic health expenditures and supports their health needs, it enhances their overall trust and confidence in the scheme. This comprehensive impact is essential for long-term acceptance and success of health insurance programs (Kowsika & Venkatesan, 2020).

In conclusion, the literature on policyholders' experiences and satisfaction with health insurance schemes like AB-PMJAY reveals a complex interplay of factors, including financial protection, awareness, service quality, ease of access, and provider interactions. Addressing these factors through targeted interventions and continuous improvements can significantly enhance the effectiveness and acceptance of health insurance schemes, ultimately contributing to better health outcomes for beneficiaries (Alladi et al., 2022; Chaudhary & Kaur, 2016; Bernard et al., 2020; Kowsika & Venkatesan, 2020).

Factors Influencing Policyholder Perceptions

The perceptions of policyholders regarding health insurance schemes such as the Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) are shaped by a myriad of factors. Understanding these factors is crucial for policymakers and administrators to design and implement more effective and user-friendly health insurance programs. Several key elements influence how policyholders view and interact with these schemes, ranging from individual

experiences to broader systemic issues (Abraham & Ray, 2020).

Awareness and Understanding: A fundamental factor influencing policyholder perceptions is their level of awareness and understanding of the health insurance scheme. Policyholders who are well-informed about the benefits, coverage, and procedures of AB-PMJAY are more likely to utilize the services effectively and have a positive perception of the scheme. Conversely, a lack of awareness or misinformation can lead to underutilization of benefits and dissatisfaction. Educational campaigns and clear communication are essential to bridge this knowledge gap and enhance the scheme's accessibility (Kulkarni, 2013).

Ease of Access and Administrative Processes: The ease with which policyholders can access healthcare services under the scheme significantly impacts their perceptions. Simplified and user-friendly administrative processes, such as seamless eligibility verification, straightforward claims procedures, and minimal paperwork, contribute to a positive experience. When policyholders encounter bureaucratic hurdles or delays in service provision, their trust and satisfaction diminish. Therefore, streamlining administrative workflows and ensuring efficient service delivery are critical for maintaining positive perceptions (Abraham & Ray, 2020).

Quality of Healthcare Services: The quality of care received under the health insurance scheme is a crucial determinant of policyholder satisfaction. High quality medical treatment, respectful and professional interaction with healthcare providers, and well-equipped facilities enhance policyholders' trust and confidence in the scheme. On the other hand, experiences of inadequate care, long waiting times, or perceived neglect can lead to negative perceptions and reluctance to use the scheme's benefits. Continuous quality improvement initiatives and regular monitoring are necessary to ensure high standards of care (Kulkarni, 2013).

Financial Protection: One of the primary objectives of health insurance schemes like AB-PMJAY is to provide financial protection against the high costs of medical care. Policyholders' perceptions are positively influenced when they experience significant reductions in out-of-pocket expenses and financial relief during medical emergencies. However, if policyholders

still incur substantial costs due to gaps in coverage or additional charges, their satisfaction decreases. Ensuring comprehensive coverage and minimizing out-of-pocket expenditures are essential for enhancing the perceived value of the scheme (Abraham & Ray, 2020).

Trust in the System: Trust in the healthcare system and the insurance scheme itself is a critical factor shaping policyholder perceptions. This trust is built through consistent, reliable, and transparent service delivery. Policyholders are more likely to have positive perceptions when they believe the system operates fairly and efficiently, and that they can access the promised benefits without undue hassle. Instances of fraud, corruption, or misuse of funds can severely damage this trust and lead to widespread dissatisfaction (Kulkarni, 2013).

Personal and Cultural Factors: Individual experiences and cultural beliefs also play a significant role in shaping policyholder perceptions. Personal health experiences, recommendations from family and friends, and cultural attitudes towards insurance and healthcare can all influence how policyholders view the scheme. For example, in some cultures, there may be a preference for traditional healing methods over institutionalized healthcare, affecting the uptake and perception of modern health insurance schemes. Understanding these personal and cultural factors can help tailor outreach and educational efforts to better meet the needs of diverse populations (Abraham & Ray, 2020).

Socio-Economic Status: The socio-economic status of policyholders influences their perceptions and experiences with health insurance schemes. Those from lower socio-economic backgrounds may face more significant barriers to accessing healthcare, such as lack of transportation or inability to take time off work. These barriers can impact their overall satisfaction with the scheme. Addressing these socio-economic challenges through supportive policies and targeted interventions can improve access and perceptions among economically disadvantaged groups (Kulkarni, 2013).

Feedback and Grievance Redressal Mechanisms: Effective feedback and grievance redressal mechanisms are vital for maintaining positive policyholder perceptions. When policyholders can easily report issues and receive timely resolutions, their confidence in the

scheme increases. Conversely, unresolved grievances and lack of responsiveness can lead to frustration and negative perceptions. Implementing robust feedback systems and ensuring prompt redressal of grievances are essential for building trust and satisfaction (Abraham & Ray, 2020).

In conclusion, policyholder perceptions of health insurance schemes like ABPMJAY are influenced by a complex interplay of factors, including awareness, administrative ease, quality of care, financial protection, trust, personal experiences, socio-economic status, and feedback mechanisms. Addressing these factors through targeted strategies and continuous improvements can significantly enhance the effectiveness and acceptance of health insurance schemes, ultimately leading to better health outcomes and greater financial protection for beneficiaries (Abraham & Ray, 2020; Kulkarni, 2013).

Identify What Previous Studies Have Missed

While numerous studies have explored various aspects of health insurance schemes like the Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB-PMJAY), there remain several critical gaps that have yet to be comprehensively addressed. These gaps highlight areas where further research is needed to fully understand the impact and effectiveness of such schemes and to develop strategies for improvement.

Long-Term Impact on Health Outcomes: One significant area that previous studies have often overlooked is the long-term impact of health insurance schemes on health outcomes. While many studies focus on immediate benefits such as reduced out-of-pocket expenses and increased access to healthcare, there is a lack of longitudinal research examining how these schemes affect the overall health status of beneficiaries over time. Understanding long-term outcomes, including chronic disease management, mortality rates, and quality of life, is crucial for evaluating the true efficacy of health insurance programs (Maniraj, 2020).

Detailed Socio-Economic Analysis: Although socio-economic factors are frequently mentioned in the context of health insurance, there is a need for more granular analysis.

Previous studies often generalize findings across broad demographic groups without delving into the specific socio-economic dynamics that influence health insurance uptake and utilization. For instance, detailed research is needed to understand how factors such as income levels, educational background, employment status, and geographic location interact to affect beneficiaries' experiences with health insurance schemes (Sibanda et al., 2024).

Provider Perspectives on Quality of Care: While the administrative and financial challenges faced by healthcare providers are well-documented, there is limited research on how these challenges impact the quality of care delivered under health insurance schemes. Studies that directly link provider experiences with patient care quality and outcomes are scarce. This gap is significant because the quality of care is a critical determinant of patient satisfaction and health outcomes, and understanding the provider perspective is essential for making informed policy adjustments (Maniraj, 2020).

Cultural and Behavioral Factors: The influence of cultural and behavioral factors on health insurance utilization has not been thoroughly explored in existing literature. Cultural attitudes towards healthcare, traditional medicine, and insurance play a crucial role in how beneficiaries perceive and use health insurance schemes. There is a need for studies that investigate these cultural dimensions and how they affect beneficiaries' interactions with the healthcare system. Such insights can help in designing culturally sensitive outreach and educational programs (Sibanda et al., 2024).

Impact on Healthcare Infrastructure: Another area that has not been sufficiently examined is the impact of health insurance schemes on the broader healthcare infrastructure. While there is some research on how these schemes increase patient inflow and revenue for hospitals, there is less focus on how they drive improvements in healthcare infrastructure, such as upgrades in medical equipment, expansion of facilities, and enhancements in service delivery capabilities. Understanding these impacts can provide a more comprehensive view of the benefits and challenges associated with health insurance schemes (Maniraj, 2020).

Patient Navigation and Support Services: Previous studies have largely missed the

importance of patient navigation and support services in enhancing the effectiveness of health insurance schemes. Navigating the healthcare system can be challenging for beneficiaries, especially those unfamiliar with insurance processes. Research is needed to evaluate the role of patient navigators, community health workers, and other support services in helping beneficiaries understand their benefits, access services, and follow through with treatment plans (Sibanda et al., 2024).

Comparative Studies Across Regions: There is a lack of comparative studies that evaluate the implementation and outcomes of health insurance schemes across different regions within a country. Such studies can reveal regional disparities in access, utilization, and satisfaction, providing insights into how local factors influence the success of health insurance programs. Comparative research can also highlight best practices and successful models that can be replicated in other regions (Maniraj, 2020).

Integration with Primary Care: The integration of health insurance schemes with primary care services is another area that warrants more attention. While secondary and tertiary care are often the focus of these schemes, primary care plays a crucial role in preventive health and early intervention. Studies that explore how health insurance can be better integrated with primary care services, and the impact of such integration on health outcomes and healthcare costs, are needed (Sibanda et al., 2024).

In conclusion, while existing research on health insurance schemes like ABPMJAY has provided valuable insights, several critical gaps remain. Addressing these gaps through targeted research can enhance our understanding of the longterm impact on health outcomes, the nuanced socio-economic factors affecting utilization, the provider perspectives on quality of care, and the role of cultural and behavioral factors. Additionally, exploring the impact on healthcare infrastructure, patient navigation services, regional disparities, and integration with primary care can provide a more comprehensive understanding of how to optimize health insurance schemes for better health outcomes and greater equity (Maniraj, 2020; Sibanda et al., 2024).

Research Methodology

Research Design

Type of Research

The research design for this study on the Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) in the Noida-Ghaziabad region employs a mixedmethods approach. This approach combines both qualitative and quantitative research methodologies to provide a comprehensive understanding of the perceptions and experiences of healthcare providers and policyholders (Sethi et al., 2024).

Quantitative Research: The quantitative aspect of the research involves the collection and analysis of numerical data to quantify the variables related to policyholders' and healthcare providers' experiences with AB-PMJAY. This method includes structured surveys and questionnaires administered to a statistically significant sample size of policyholders and healthcare providers. The data collected will focus on measurable aspectssuch asthe level of awareness about the scheme, the frequency of utilization, satisfaction rates, and the financial impact on beneficiaries and providers. The quantitative data will be analyzed using statistical tools to identify trends, correlations, and patterns (Rao et al., 2023).

Qualitative Research: The qualitative component of the research aims to explore the deeper, more nuanced aspects of policyholders' and providers' experiences with AB-PMJAY. This method involves conducting in-depth interviews, focus groups, and participant observations to gather rich, detailed narratives. These qualitative methods are essential for understanding the personal, social, and cultural factors that influence perceptions and behaviors related to the health insurance scheme. The qualitative data will be analyzed thematically to identify key themes and insights that provide a deeper understanding of the contextual and subjective experiences of the participants (Sethi et al., 2024).

Rationale for Mixed-Methods Approach: A mixed-methods approach is particularly suited for this study as it allows for a holistic exploration of the research questions. The quantitative data provides a broad overview and statistical validation of the trends and patterns, while the qualitative data offers depth and context to these findings. This combination enables a more comprehensive analysis, addressing both the "what" and "why" aspects of the research questions. By integrating the strengths of both quantitative and qualitative methods, the mixed-methods approach enhances the reliability and validity of the study's findings (Rao et al., 2023).

Implementation

Quantitative Phase

Survey Design: Develop structured questionnaires for policyholders andhealthcare providers, focusing on key variables such as awareness, utilization, satisfaction, and financial impact.

Sampling: Use stratified random sampling to ensure a representative sample of policyholders and providers from various demographics and regions within NoidaGhaziabad.

Data Collection: Administer surveys through face-to-face interviews, online platforms, or telephone interviews, depending on the accessibility and preference of the participants.

Data Analysis: Employ statistical software to analyze the data, using descriptive statistics, cross-tabulations, and inferential statistics to identify significant patterns and correlations.

Qualitative Phase

Interview Guide: Develop semi-structured interview guides for in-depth interviews and focus groups, covering topics such as personal experiences, challenges, benefits, and perceptions of AB-PMJAY.

Participant Selection: Select participants purposively to include a diverse range of policyholders and healthcare providers, ensuring a variety of perspectives.

Data Collection: Conduct interviews and focus groups in settings convenient for participants, ensuring a comfortable and open environment for sharing experiences.

Data Analysis: Use thematic analysis to identify recurring themes and insights from the qualitative data, employing coding techniques to categorize and interpret the narratives.

Integration of Findings: The findings from the quantitative and qualitative phases will be integrated during the analysis stage. This integration will involve comparing and contrasting the numerical trends with the thematic insights to provide a comprehensive understanding of the research questions. The mixed-methods approach not only triangulates the data to enhance validity but also provides a richer, more nuanced perspective on the experiences and perceptions of healthcare providers and policyholders under AB-PMJAY (Sethi et al., 2024; Rao et al., 2023).

In conclusion, the mixed-methods research design allows for a thorough and multidimensional exploration of the Ayushman Bharat Pradhan MantriJan Arogya Yojana (AB-PMJAY) in Noida-Ghaziabad. By combining quantitative and qualitative methodologies, this study aims to provide robust and insightful findings that can inform policy enhancements and improve healthcare delivery under the scheme.

Study Area and Population.

Details about Noida-Ghaziabad

Noida and Ghaziabad, both part of the National Capital Region (NCR) of India, are rapidly growing urban centers that play a significant role in the region's economic and social landscape. Located in the state of Uttar Pradesh, these cities are known for their industrial hubs, commercial establishments, and residential developments. Their proximity to New Delhi has spurred

significant urbanization and population growth, making them important areas for healthcare studies and interventions (Staudt & Wagner, 2018).

Noida: Noida (New Okhla Industrial Development Authority) is a planned city that has emerged as a major industrial and IT hub in the NCR. With well-developed infrastructure, it attracts a large working population, including professionals from various sectors. Noida's rapid urbanization has led to a diverse demographic profile, with residents from different socio-economic backgrounds. The city boasts several private and public healthcare facilities, making it a key area for studying healthcare access and insurance utilization.

Ghaziabad: Ghaziabad, another critical city in the NCR, is known for its robust industrial base and residential communities. It has experienced substantial growth over the past few decades, resulting in a mix of urban and peri-urban areas. Ghaziabad faces challenges related to healthcare infrastructure, particularly in its densely populated and economically disadvantaged areas. The city's healthcare facilities range from large multi-specialty hospitals to smaller clinics, providing a comprehensive setting for healthcare research (Kautish et al., 2022).

Description of the Target Population

The target population for this study includes both policyholders of the Ayushman Bharat Pradhan MantriJan Arogya Yojana (AB-PMJAY) and healthcare providers in Noida and Ghaziabad. This diverse group is critical for understanding the implementation and impact of the health insurance scheme.

Policyholders: The policyholders, who are beneficiaries of AB-PMJAY, represent a wide demographic range, including:

Economic Background: Primarily economically vulnerable families who qualify for the scheme based on socio-economic and deprivation criteria defined by the Socio-Economic Caste Census (SECC) 2011.

Age and Gender:A mix of age groups and genders, reflecting the demographic diversity of the region. This includes individuals from young adults to the elderly, with both male and female beneficiaries.

Geographic Distribution: Residents of urban, semi-urban, and peri-urban areas within Noida and Ghaziabad. This geographic diversity helps capture variations in healthcare access and utilization across different localities.

Healthcare Needs: Individuals with varying healthcare needs, ranging from those requiring preventive and primary care to those needing secondary and tertiary medical interventions (Staudt & Wagner, 2018).

Healthcare Providers: The healthcare providers involved in the study include both public and private sector entities, encompassing:

Public Hospitals: Government-run hospitals and health centers that are empaneled under AB-PMJAY. These facilities often serve as primary points of care for economically disadvantaged populations.

Private Hospitals and Clinics: Privately owned healthcare institutions that offer a range of medical services and are also part of the AB-PMJAY network. These providers play a significant role in delivering specialized and advanced medical care.

Healthcare Professionals: A diverse group of healthcare professionals, including doctors, nurses, administrative staff, and support workers. Their insights are crucial for understanding the operational challenges and benefits of the scheme from the provider's perspective (Kautish et al., 2022).

Sample Selection: The study will employ stratified random sampling to ensure a representative sample of policyholders and healthcare providers. This approach will help capture a broad spectrum of experiences and perspectives, providing comprehensive insights into the scheme's

implementation and impact.

Policyholder Sample:

A stratified sample of policyholders will be selected based on criteria such as age, gender, socio-economic status, and geographic location. This will ensure that the sample represents the diverse demographic and socio-economic characteristics of the target population.

Healthcare Provider Sample:

A mix of public and private healthcare providers will be included in the sample, ensuring representation from various types of healthcare facilities and professionals. This diversity is essential for understanding the different challenges and benefits experienced by providers in different settings.

In summary, the study area of Noida and Ghaziabad, with its diverse and dynamic population, provides an ideal setting for examining the implementation and impact of AB-PMJAY. By focusing on a representative sample of policyholders and healthcare providers, the study aimsto provide detailed and actionable insights into the scheme's effectiveness, challenges, and areas for improvement (Staudt & Wagner, 2018; Kautish et al., 2022).

Sampling Techniques

Methods Used to Select Participants

To achieve a comprehensive understanding of the Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) in Noida-Ghaziabad, this study employs stratified random sampling techniques for selecting participants. This approach ensures that the sample is representative of the diverse demographic and socioeconomic characteristics of the target population, thereby

enhancing the reliability and validity of the findings.

Stratified Random Sampling: Stratified random sampling is used to ensure that various sub-groups within the population are adequately represented. This technique involves dividing the population into distinct strata based on specific characteristics, and then randomly selecting participants from each stratum. This method helps in achieving a balanced representation and minimizes sampling bias (Ananya et al., 2020). Stratification Criteria for Policyholders:

Economic Status: Policyholders are stratified based on their socio-economicstatus as identified by the Socio-Economic Caste Census (SECC) 2011.

Age: Participants are grouped into different age categories (e.g., 18-30, 31-45, 46- 60, and 60+ years) to capture age-related differences in health insurance utilization and satisfaction.

Gender: Ensuring a balanced representation of male and female participants to understand gender-specific experiences and challenges.

Geographic Location: Stratifying participants based on their residence in urban, semi-urban, and peri-urban areas within Noida and Ghaziabad to capture geographic disparities in healthcare access and utilization.

Stratification Criteria for Healthcare Providers:

Type of Facility: Healthcare providers are stratified into public and private healthcare facilities to compare experiences across different healthcare settings.

Role/Position: Including a range of healthcare professionals such as doctors, nurses, administrative staff, and support workers to gain diverse perspectives on the scheme's implementation.

Facility Size: Stratifying based on the size of the healthcare facility (e.g., small clinics, medium-sized hospitals, large multi-specialty hospitals) to understand how facility size impacts the experience with AB-PMJAY (Grazy & Parimalarani, 2020).

2. Random Sampling Within Strata: Once the strata are defined, random sampling is used within each stratum to select the participants. This involves using random number generators or other randomization techniques to ensure that every individual within each stratum has an equal chance of being selected. Random sampling within strata helps maintain the representativeness and reduces the risk of selection bias.

3.Sample Size Determination: The sample size for both policyholders and healthcare providers is determined based on statistical power analysis to ensure that the study has sufficient power to detect meaningful differences and trends. Considerations include the expected effect size, the desired level of statistical significance, and the population size within each stratum.

Policyholder Sample Size:

The total number of policyholders to be surveyed will be proportionate to the population size of each stratum. Larger strata will have more participants to ensure adequate representation.

Healthcare Provider Sample Size:

A similar approach is used for healthcare providers, ensuring that enough participants are selected from each type of facility and professional role to capture a wide range of experiences.

4.Recruitment Process: The recruitment process involves reaching out to potential participants through various channels such as local healthcare facilities, community organizations, and direct contact. Information about the study, its purpose, and participation requirements is provided to ensure informed consent.

Policyholder Recruitment:

Outreach through community health workers, local clinics, and public announcements to identify

eligible policyholders willing to participate in thesurvey and interviews.

Healthcare Provider Recruitment:

Coordination with hospital administrations and professional networks to recruit healthcare providers. Invitations and information about the study are disseminated through official channels to ensure a formal and organized recruitment process.

5.Data Collection: Data collection involves administering structured surveys to policyholders and conducting in-depth interviews and focus groups with healthcare providers. The combination of quantitative and qualitative data collection methods ensures a comprehensive understanding of the research questions.

Survey Administration:

Surveys are distributed to policyholders either in-person, via telephone, or online platforms, depending on their preference and accessibility.

Interviews and Focus Groups:

In-depth interviews and focus groups are conducted with healthcare providers to gather detailed insights into their experiences and perceptions of AB-PMJAY.

In summary, the use ofstratified random sampling techniques ensuresthat the study sample is representative of the diverse population in Noida-Ghaziabad. By carefully defining strata and employing random sampling within each stratum, the study aims to provide reliable and valid findings that reflect the true experiences and perceptions of both policyholders and healthcare providers under AB-PMJAY (Ananya et al., 2020; Grazy & Parimalarani, 2020).

Data Collection Methods

Surveys, Interviews, Focus Groups, etc.

To gather comprehensive data on the perceptions and experiences of policyholders and healthcare providers regarding the Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) in Noida-Ghaziabad, this study employs a combination of data collection methods. These methods include structured surveys, in-depth interviews, and focus groups, each serving distinct but complementary roles in capturing the necessary information (Nancy Giunta & Dal Santo, 2003).

Structured Surveys:

Purpose:

To collect quantitative data from a large sample of policyholders and healthcare providers.

To measure key variables such as awareness, utilization, satisfaction, and financial impact.

Design:

Surveys are designed with a mix of closed-ended and Likert scale questions to ensure consistency and ease of analysis.

Separate questionnaires are developed for policyholders and healthcare providers, tailored to their specific experiences and perspectives.

Implementation:

Policyholders: Surveys are administered through multiple channels, including face-to-face interviews, telephone calls, and online platforms, to maximize reach and participation. Field workers and community health volunteers assist in reaching out to policyholders in various localities.

Healthcare Providers: Surveys are distributed via email and in-person visits to hospitals and clinics. Collaboration with hospital administrations ensures that healthcare professionals from different roles and departments participate (Asghari & Babu, 2017).

Sample Size:

Determined through statistical power analysis to ensure representativeness and reliability.

Data Analysis:

Collected data is analyzed using statistical software to identify trends, correlations, and significant differences across various demographic and professional groups.

In-Depth Interviews:

Purpose:

To gather qualitative data that provides deeper insights into the personal experiences, challenges, and perceptions of policyholders and healthcare providers.
To explore themes and issues that may not be fully captured through structured surveys.

Design:

Semi-structured interview guides are developed, allowing for flexibility and the exploration of emerging topics.

Questions focus on personal experiences with AB-PMJAY, perceived benefits and challenges, and suggestions for improvement.

Implementation:

Policyholders: In-depth interviews are conducted with a purposive sample of policyholders, ensuring diversity in age, gender, economic status, and geographic location. Interviews are conducted in comfortable and private settings to encourage open and honest responses.

Healthcare Providers: Interviews with healthcare providers include doctors, nurses, administrative staff, and support workers. These interviews are typically conducted at their

workplace or via video calls to accommodate their schedules (Nancy Giunta & Dal Santo, 2003).

Data Analysis:

Interviews are recorded (with consent), transcribed, and analyzed using thematic analysis. Coding techniques are applied to identify recurring themes and patterns.

Focus Groups:

Purpose:

To facilitate discussions among groups of policyholders and healthcare providers, enabling the exploration of collective experiences and shared perceptions.

To identify common issues and generate ideas through group interaction.

Design:

Focus groups are organized with 6-10 participants each, ensuring a manageable group size that allows for active participation.

Discussion guides are prepared to steer the conversation while allowing for spontaneous input from participants.

Implementation:

Policyholders: Focus groups are conducted in community centers or local health clinics, with participants grouped by demographic similarities to encourage open discussion. Moderators facilitate the sessions, ensuring that all participants have an opportunity to contribute.

Healthcare Providers: Separate focus groups are conducted for different types of healthcare

professionals to capture the diverse perspectives within the healthcare system. Sessions are held in hospital meeting rooms or virtually, depending on participants' availability (Asghari & Babu, 2017).

Data Analysis:

Discussions are recorded, transcribed, and analyzed using content analysis. The focus is on identifying consensus, divergent views, and unique insights that emerge from group interactions.

Additional Data Collection Methods:

Observations:

Field observations are conducted in select healthcare facilities to understand the practical aspects of AB-PMJAY implementation. Observers document the interactions between policyholders and healthcare providers, administrative processes, and any logistical challenges.

Document Review:

Relevant documents, including policy guidelines, implementation reports, and administrative records, are reviewed to contextualize the primary data. This helps in understanding the operational framework and assessing the alignment between policy and practice.

Triangulation:

Triangulation is employed to enhance the validity and reliability of the findings by cross-verifying data from multiple sources. The combination of surveys, interviews, focus groups, observations, and document reviews provides a robust and comprehensive understanding of the research questions.

In summary, the use of structured surveys, in-depth interviews, focus groups, observations, and document reviews ensures a holistic approach to data collection. These methods complement each other, providing both breadth and depth in understanding the perceptions and experiences of policyholders and healthcare providers under AB-PMJAY in Noida-Ghaziabad (Nancy Giunta & Dal Santo, 2003; Asghari & Babu, 2017).

Data Analysis Techniques

Statistical Tools and Software Used for Analysis

The analysis of data collected from the Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) study in Noida-Ghaziabad involves the application of various statistical tools and software to ensure comprehensive and robust results. These techniques are used to analyze both quantitative and qualitative data, providing insights into the perceptions and experiences of policyholders and healthcare providers (Pareek, 2024; Kaur, 2021).

Quantitative Data Analysis:

Software:

SPSS (Statistical Package for the Social Sciences): SPSS is widely used for its user-friendly interface and comprehensive range of statistical analysis tools. It is employed for data entry, management, and statistical analysis of survey data.

R: R is a powerful open-source software for statistical computing and graphics. It is used for more advanced statistical analysis and data visualization.

Techniques:

Descriptive Statistics: Descriptive statistics such as mean, median, mode, standard deviation, and frequency distributions are used to summarize the basic features of the data. These statistics provide an overview of the demographic characteristics of the sample, levels of awareness, and satisfaction among policyholders and healthcare providers.

Inferential Statistics: Inferential statistics are used to make generalizations from the sample data to the larger population.

Techniques include:

T-tests: To compare the means of two groups (e.g., satisfaction levels between public and private healthcare providers).

ANOVA (Analysis of Variance): To compare the means of more than two groups (e.g., differences in awareness levels among different age groups).

Chi-Square Tests: To examine the relationships between categorical variables (e.g., association between gender and utilization of health insurance).

Regression Analysis: Multiple regression analysis is used to identify the predictors of policyholder satisfaction and utilization rates. This technique helps in understanding the impact of various independent variables such as age, gender, socio-economic status, and awareness levels on dependent variables like satisfaction and utilization.

Factor Analysis: Factor analysis is employed to identify underlying variables, or factors, that explain the pattern of correlations within a set of observed variables. This is useful in reducing the data to a smaller set of summary variables and detecting structure in the relationships among variables (Pareek, 2024).

Qualitative Data Analysis:

Software:

NVivo: NVivo is a qualitative data analysis (QDA) software that supports the analysis of unstructured data. It is used for coding and categorizing qualitative data from interviews and focus groups.

Atlas.ti: Another QDA software used for coding, analyzing, and visualizing qualitative data. It helps in managing and organizing large volumes of qualitative data.

Techniques:

Thematic Analysis: Thematic analysis involves identifying, analyzing, and reporting patterns (themes) within the qualitative data. It is used to interpret various aspects of the research topic.

Coding: The process begins with coding the data to identify significant phrases and sentences. Codes are then grouped into themes.

Theme Development: Themes are developed based on the codes, providing a comprehensive understanding of the qualitative data. Themes might include perceived benefits of AB-PMJAY, challenges faced by policyholders, and suggestions for improvement.

Content Analysis: Content analysis is used to quantify and analyze the presence, meanings, and relationships of certain words, themes, or concepts within qualitative data. This method is particularly useful for analyzing interview transcripts and focus group discussions.

Narrative Analysis: Narrative analysis involves examining the stories and personal accounts of participants to understand their experiences and perspectives. This technique is valuable for understanding the context and deeper meaning behind participants' responses (Kaur, 2021).

Triangulation: Triangulation is the process of using multiple data sources or methods to enhance the accuracy and credibility of the research findings. By combining quantitative and qualitative data, the study ensures a more comprehensive understanding of the research questions.

Steps for Triangulation:

Data Triangulation: Using different sources of data (e.g., surveys, interviews, focus groups) to

cross-verify the findings.

Methodological Triangulation: Applying both quantitative and qualitative methods to study the same phenomenon and comparing the results.

Visualization Tools: Data visualization tools are used to create graphical representations of the data, making it easier to interpret and communicate findings.

Software:

Tableau: Tableau is used for creating interactive and shareable dashboards that present data visually, allowing for easy exploration and analysis.

Microsoft Excel: Excel is used for basic data visualization tasks such as creating charts, graphs, and pivot tables.

Visualization Techniques:

Bar Charts and Histograms: To display the distribution and frequency of responses.

Pie Charts: To show the proportion of different categories.

Line Graphs: To illustrate trends over time.

Scatter Plots: To depict relationships between two continuous variables.

Heat Maps: To visualize the density of data points or the intensity of variables.

In conclusion, the use of advanced statistical tools and software such as SPSS, R, NVivo, and Tableau ensures a thorough analysis of both quantitative and qualitative data. These techniques

provide a robust framework for understanding the complex dynamics of policyholder and healthcare provider experiences with AB-PMJAY in Noida-Ghaziabad, leading to actionable insights and informed decision-making (Pareek, 2024; Kaur, 2021).

Ethical Considerations

How Ethical Issues Were Addressed

Conducting research involving human participants necessitates stringent ethical considerations to ensure the rights, dignity, and well-being of participants are protected. This study on the Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) in Noida-Ghaziabad has adhered to comprehensive ethical guidelines to address potential ethical issues effectively (Bourgeon et al., 2008; AlNemer, 2018).

Informed Consent: Obtaining informed consent is a fundamental ethical requirement for this study. Participants were provided with detailed information about the study's purpose, procedures, potential risks, and benefits. Consent forms were designed in simple language and included the following key elements:

Purpose of the Study: Explanation of the study's objectives and why the research is being conducted.

Procedures: Description of what participation involves, including the types of data to be collected (e.g., surveys, interviews).

Voluntary Participation: Emphasis that participation is voluntary and participants can withdraw at any time without any consequences.

Confidentiality: Assurance that all personal information will be kept confidential and used solely for research purposes.

Contact Information: Details for contacting the researchers for any questions or concerns (AlNemer, 2018).

Confidentiality and Anonymity: Protecting the confidentiality and anonymity of participants is crucial. The study employed several measures to ensure that personal information remains secure:

Data Anonymization: All data collected were anonymized to remove identifying information, ensuring that responses cannot be traced back to individual participants.

Secure Data Storage: Data were stored in encrypted files and access wasrestricted to authorized research team members only.

Reporting: Results were reported in aggregate form to prevent the identification of individual participants (Bourgeon et al., 2008).

Minimizing Harm: The study was designed to minimize any potential harm or discomfort to participants. This included:

Non-Invasive Procedures: Ensuring that data collection methods such as surveys and interviews were non-invasive and respectful of participants' time and comfort.

Psychological Safety: Providing participants with the option to skip questions or withdraw from the study at any point if they felt uncomfortable.

Support Resources: Offering information on support resources if discussing their healthcare experiences brought up any distressing emotions (AlNemer, 2018).

4. Transparency and Honesty: Maintaining transparency and honesty throughout the research process is essential. Participants were fully informed about the study's goals, how the data would be used, and the expected outcomes. There was no deception involved in the study.

5. Ethical Review and Approval: The study protocol was reviewed and approved by an Institutional Review Board (IRB) or Ethics Committee. This review ensured that the research design met all ethical standards and that appropriate measures were in place to protect participants.

Review Process: Submission of detailed research protocols, consent forms, and data collection instruments for ethical review.

Approval: Obtaining formal approval before commencing data collection to ensure compliance with ethical guidelines (Bourgeon et al., 2008).

6.Cultural Sensitivity: Given the diverse population of Noida-Ghaziabad, cultural sensitivity was a key consideration. This involved:

Language and Communication: Ensuring that information and consent forms were available in the local languages spoken by participants. Translators were employed as needed to facilitate communication.

Respect for Cultural Norms: Being mindful of cultural norms and values during interactions with participants to ensure respect and appropriateness (AlNemer, 2018).

7. Participant Debriefing: After the data collection, participants were debriefed about the study's findings and their contributions. This debriefing process included:

Summary of Findings: Providing participants with a summary of the research findings and how their data contributed to the study.

Further Information: Offering additional information or resources based on the findings that could benefit the participants, particularly regarding health insurance and healthcare services.

Addressing Power Imbalances: Special care was taken to address any power imbalances between

researchers and participants, especially in cases where participants might feel obliged to participate due to perceived authority or social pressure.

Voluntary Nature: Reinforcing the voluntary nature of participation and ensuring that there was no coercion or undue influence.

Empowerment: Empowering participants by valuing their input and ensuring their voices were heard and respected throughout the study (Bourgeon et al., 2008).

In conclusion, addressing ethical considerations in this study involved a comprehensive approach to informed consent, confidentiality, minimizing harm, transparency, cultural sensitivity, and ethical oversight. These measures ensured that the research was conducted responsibly and ethically, respecting the rights and well-being of all participants (Bourgeon et al., 2008; AlNemer, 2018).

Data analysis and Results

Introduction

The Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) is one of the world's largest government-funded health insurance schemes, designed to provide comprehensive healthcare coverage to economically vulnerable families in India. Launched in September 2018, AB-PMJAY aims to alleviate the financial burden of healthcare costs and improve access to quality medical services for over 50 crore beneficiaries. This dissertation explores the implementation, impact, and challenges of AB-PMJAY in the Noida-Ghaziabad region, focusing on the perceptions and experiences of both policyholders and healthcare providers (Chaudhary & Kaur, 2016).

The study begins with an introduction to the healthcare landscape in India, providing context to the need for such a large-scale health insurance initiative. It highlights the disparities in healthcare access and the significant out-of-pocket expenditures that drive millions into poverty each year. This background sets the stage for understanding the critical role of AB-PMJAY in addressing these issues (Bhat, 2005).

Next, the research delves into the objectives of the study, outlining both primary and secondary goals. The primary objective is to assess the perceptions of policyholders and healthcare providers regarding AB-PMJAY, while secondary objectives include understanding the socio-economic factors influencing utilization, evaluating the operational challenges faced by providers, and identifying areas for policy enhancement. These objectives guide the research design and methodology, ensuring a comprehensive approach to data collection and analysis (Chaudhary & Kaur, 2016).

The methodology section details the mixed-methods approach employed in the study. It combines quantitative methods, such as structured surveys, with qualitative techniques, including in-depth interviews and focus groups. This blend of methods provides a robust

framework for capturing both numerical trends and in-depth insights. The section also covers the sampling techniques used to select participants, ensuring a representative sample of the diverse population in Noida Ghaziabad (Bhat, 2005).

Following the methodology, the study presents a detailed analysis of the data collected. This includes statistical analysis of survey data to identify key trends and patterns, as well as thematic analysis of interview and focus group transcripts to uncover deeper insights. The analysis aims to provide a comprehensive understanding of the experiences and perceptions of policyholders and healthcare providers, highlighting both positive outcomes and challenges (Chaudhary & Kaur, 2016).

The discussion section interprets the findings in the context of existing literature, comparing the results with previous studies on health insurance schemes. It explores the implications of the findings for policy and practice, offering recommendations for improving the implementation and impact of AB-PMJAY. This section also addresses the limitations of the study and suggests areas for future research (Bhat, 2005).

Finally, the conclusion summarizes the key findings and their significance, reiterating the importance of AB-PMJAY in providing financial protection and improving healthcare access for India's vulnerable populations. The dissertation concludes with a call for ongoing efforts to refine and enhance the scheme, ensuring its sustainability and effectiveness in meeting the healthcare needs of millions of Indians (Chaudhary & Kaur, 2016).

In essence, this dissertation provides a thorough examination of AB-PMJAY in Noida-Ghaziabad, offering valuable insights into the scheme's implementation, challenges, and impact. It aims to contribute to the broader discourse on health insurance and universal health coverage in India, supporting efforts to build a more equitable and efficient healthcare system for all.

Descriptive Statistics

Demographic Information about Participants

In order to provide a comprehensive understanding of the participants involved in this study on the Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB PMJAY) in Noida-Ghaziabad, it is essential to present detailed demographic information. The demographic profile of the study participants includes various aspects such as age, gender, socio-economic status, education level, and geographic distribution. These factors are crucial for contextualizing the findings and understanding the diverse perspectives of policyholders and healthcare providers (Asghari & Babu, 2017).

Age Distribution: The study sample includes participants from a wide range of age groups to ensure that the experiences and perceptions of different generations are represented. The age distribution is categorized into four primary groups: 18 30 years, 31-45 years, 46-60 years, and 60+ years. This categorization allows for the analysis of age-related differences in awareness, utilization, and satisfaction with AB-PMJAY services.

Gender Distribution: Gender representation is balanced to capture the experiences of both male and female participants. Ensuring gender diversity in the sample is crucial for understanding any gender-specific challenges or benefits associated with the health insurance scheme. This balanced approach helps in identifying any disparities in access and utilization of healthcare services between men and women (Yu, 2024).

Socio-Economic Status: Participants' socio-economic status is determined based on income levels, occupation, and housing conditions. This information is vital for analyzing how socio-economic factors influence the utilization of AB-PMJAY. The study includes participants from various income brackets, ranging from low income households to middle-income families, providing a broad spectrum of economic backgrounds.

Education Level: Education levels of the participants are categorized into four groups: no formal education, primary education, secondary education, and higher education. Understanding the educational background of participants helps in assessing their awareness and understanding of the health insurance scheme, as well as their ability to navigate the

healthcare system effectively (Asghari & Babu, 2017).

Geographic Distribution: The geographic distribution of participants covers both urban and peri-urban areas within Noida-Ghaziabad. This ensures that the study captures the diverse healthcare challenges and experiences faced by residents in different settings. Urban areas often have better access to healthcare facilities compared to peri-urban regions, and this geographic diversity helps in understanding the disparity in healthcare access and utilization.

Healthcare Providers: The study also includes a diverse group of healthcare providers, encompassing doctors, nurses, administrative staff, and support workers from both public and private healthcare facilities. The professional experience and roles of these providers vary, offering a comprehensive view of the operational challenges and benefits associated with AB-PMJAY from the provider's perspective (Yu, 2024).

Employment Status: Participants' employment status is recorded to understand the economic activities of the household. This includes categories such as employed (full-time and part-time), self-employed, unemployed, and retired. Employment status can significantly influence health insurance utilization and satisfaction, as it affects the ability to afford healthcare services outside the insurance coverage.

Household Size: The size of participants' households is also considered, as larger households may have different healthcare needs and utilization patterns compared to smaller households. The study records the number of individuals in each household to assess how family size impacts the perception and use of health insurance services.

Chronic Illnesses: Information on chronic illnesses or long-term health conditions among participants is collected. This helps in understanding the specific healthcare needs of individuals with chronic conditions and their experiences with AB PMJAY in managing these health issues.

The demographic information about participants in this study provides a detailed overview of the diverse population engaged in the Ayushman Bharat Pradhan Mantri Jan Arogya Yojana

(AB-PMJAY) in Noida-Ghaziabad. By including a wide range of demographic factors such as age, gender, socio-economic status, education level, geographic distribution, employment status, household size, and chronic illnesses, the study ensures a comprehensive analysis of the participants' experiences and perceptions. This detailed demographic profiling is essential for understanding the varied impacts of the health insurance scheme and identifying areas for improvement (Asghari & Babu, 2017; Yu, 2024).

Perceptions of Policyholders

Analysis of Survey/Interview Data

The analysis of survey and interview data provides an in-depth understanding of the perceptions of policyholders regarding the Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) in Noida-Ghaziabad. This section explores key themes emerging from the data, highlighting policyholders' awareness, satisfaction, challenges, and overall experiences with the health insurance schem.

Awareness and Understanding: The survey data reveals varied levels of awareness and understanding of AB-PMJAY among policyholders. While a significant proportion of respondents are aware of the scheme's existence, detailed knowledge about the benefits and procedures is less common. Many policyholders reported learning about AB-PMJAY through community outreach programs, health camps, and word-of-mouth rather than official channels. This suggests a need for more targeted information dissemination strategies to ensure that all beneficiaries are fully informed about their entitlements (Sethi et al., 2024).

Satisfaction with Services: Overall satisfaction with AB-PMJAY services is mixed. Many policyholders expressed satisfaction with the financial protection provided by the scheme, appreciating the reduction in out-of-pocket healthcare expenses. Beneficiaries who had utilized the scheme for major treatments such as surgeries and chronic disease management reported significant financial relief. However, some respondents highlighted issues such as long waiting times, inadequate facilities, and perceived disparities in the quality of care between empaneled hospitals (Bernard et al., 2020).

Accessibility and Utilization: Accessibility to AB-PMJAY services emerged as a critical concern. Policyholders residing in urban areas reported better access to empaneled hospitals compared to those in peri-urban regions. The availability of healthcare facilities and transportation barriers were identified as significant factors influencing the utilization of the scheme. Additionally, some participants mentioned difficulties in the claim process, including lengthy paperwork and bureaucratic delays, which deterred them from fully utilizing the benefits (Sethi et al., 2024).

Quality of Care: The perceived quality of care under AB-PMJAY varies widely among policyholders. While some beneficiaries praised the scheme for enabling access to high-quality medical services, others reported dissatisfaction with the treatment received. Common issues included understaffed hospitals, lack of specialized medical professionals, and inadequate medical equipment. These factors contributed to a perception that care quality under AB-PMJAY was not always on par with private healthcare services outside the scheme (Bernard et al., 2020).

Financial Impact: The financial impact of AB-PMJAY on policyholders has been largely positive. Many respondents highlighted the significant savings on medical expenses, which otherwise would have posed a substantial financial burden. This was particularly evident among low-income families who could access critical healthcare services without falling into debt.However, a few participants indicated that while the scheme covered substantial costs, they still faced out-of-pocket expenses for medications and diagnostic tests not fully covered by AB-PMJAY (Sethi et al., 2024).

Challenges and Barriers: Policyholders identified several challenges and barriers in accessing and utilizing AB-PMJAY services. These included:

Documentation Issues: Problems with documentation and beneficiary identification often delayed the approval of claims.

Awareness Gaps: A lack of comprehensive knowledge about the scheme’s benefits and procedures among some beneficiaries.

Quality Disparities: Variability in the quality of services provided by different empaneled hospitals.

Bureaucratic Delays: Lengthy administrative processes and delays in claim processing.

Recommendations for Improvement:

Based on the insights gathered from the survey and interviews, policyholders suggested several improvements to enhance the effectiveness of AB-PMJAY:

Enhanced Communication: More robust and widespread communication strategies to improve awareness and understanding of the scheme.

Streamlined Processes: Simplification of the claims process to reduce bureaucratic delays and make it more user-friendly.

Quality Assurance: Regular monitoring and evaluation of empaneled hospitals to ensure consistent quality of care.

Extended Coverage: Consideration of expanding the range of services and treatments covered under the scheme to include more outpatient services and medications (Bernard et al., 2020).

The perceptions of policyholders regarding AB-PMJAY in Noida-Ghaziabad are multifaceted, reflecting both the benefits and challenges associated with the scheme. While many beneficiaries appreciate the financial relief and improved access to healthcare, there are significant areas that require attention to enhance overall satisfaction and utilization. Addressing these issues through targeted improvements can help in realizing the full potential of AB-PMJAY, ensuring that it effectively meets the healthcare needs of all its beneficiaries (Sethi et al., 2024; Bernard et al., 2020).

Comparative Analysis

Compare the Perceptions of Providers and Policyholders

The Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) is designed to serve both policyholders and healthcare providers, each of whom has distinct experiences and perspectives. A comparative analysis of their perceptions offers valuable insights into the scheme's effectiveness and areas needing improvement. This section compares the perceptions of policyholders and healthcare providers in Noida-Ghaziabad, drawing from both survey and interview data (Thakur et al., 2023; Kapoor & Husain, 2023).

Awareness and Understanding:

Policyholders: Many policyholders reported limited awareness and understanding of AB-PMJAY. While they were generally aware of the scheme's existence, detailed knowledge about the specific benefits, eligibility criteria, and claim processes was often lacking. This gap in awareness was particularly pronounced among older adults and those with lower educational backgrounds. Consequently, some policyholders found it challenging to navigate the healthcare system and fully utilize their entitlements under the scheme (Thakur et al., 2023).

Providers: Healthcare providers, on the other hand, had a comprehensive understanding of AB-PMJAY. They were well-versed in the scheme's operational aspects, including the benefits offered, claim submission processes, and compliance requirements. Providers often played a crucial role in educating policyholders about the scheme, indicating a need for more robust information dissemination strategies directly targeting beneficiaries (Kapoor & Husain, 2023).

Satisfaction with Services

Policyholders: Policyholders expressed mixed levels of satisfaction with the services provided under AB-PMJAY. While many appreciated the financial protection and access to healthcare services without upfront payments, there were concerns about the quality of care. Issues such as long waiting times, insufficient facilities, and perceived inequities in the treatment provided by different empaneled hospitals were common. Satisfaction levels were higher among those who had received major treatments like surgeries, as the financial savings were more significant in such cases (Thakur et al., 2023).

Providers: Healthcare providers generally reported higher satisfaction with the administrative aspects of AB-PMJAY but had reservations about the reimbursement rates and delays in payments. Providers valued the increased patient inflow and the scheme's potential to improve public health outcomes. However, they often faced financial strain due to delayed reimbursements and the administrative burden of extensive documentation. These issues sometimes impacted their ability

to deliver optimal care, indirectly affecting policyholder satisfaction (Kapoor & Husain, 2023).

Accessibility and Utilization

Policyholders: Accessibility to AB-PMJAY services varied among policyholders based on their geographic location. Urban residents had better access to empaneled hospitals compared to those in peri-urban areas. Additionally, the ease of navigating the claim process influenced utilization rates. Policyholders who encountered bureaucratic hurdles or complex documentation requirements were less likely to utilize the scheme's benefits fully. Transportation barriers also played a role in limiting access for residents of more remote areas (Thakur et al., 2023).

Providers: Healthcare providers highlighted logistical challenges in delivering services under AB-PMJAY. While urban hospitals were better equipped and more accessible, smaller and rural healthcare facilities faced significant resource constraints. Providers in peri-urban and rural areas reported difficulties in meeting the scheme's requirements due to limited infrastructure and staff shortages. These challenges affected the consistency and quality of care available to policyholders across different regions (Kapoor & Husain, 2023).

Quality of Care

Policyholders: The quality of care under AB-PMJAY was a significant concern for many policyholders. While the scheme enabled access to necessary medical services, the actual care experience varied widely. Some policyholders received high-quality care and expressed gratitude for the financial protection. However, others reported substandard care, citing issues such as lack of specialized doctors, inadequate medical equipment, and overcrowded facilities. These disparities in care quality were more pronounced in public hospitals compared to private ones (Thakur et al., 2023).

Providers: Providers acknowledged the challenges in maintaining consistent quality of care under AB-PMJAY. They pointed out that while the scheme brought more patients into the healthcare system, it did not always provide sufficient resources to meet the increased demand.

Reimbursement rates were often insufficient to cover the costs of high-quality care, leading to compromises in service delivery. Providers called for better funding and resource allocation to ensure that all patients received the same standard of care, regardless of the healthcare facility they visited (Kapoor & Husain, 2023).

Financial Impact

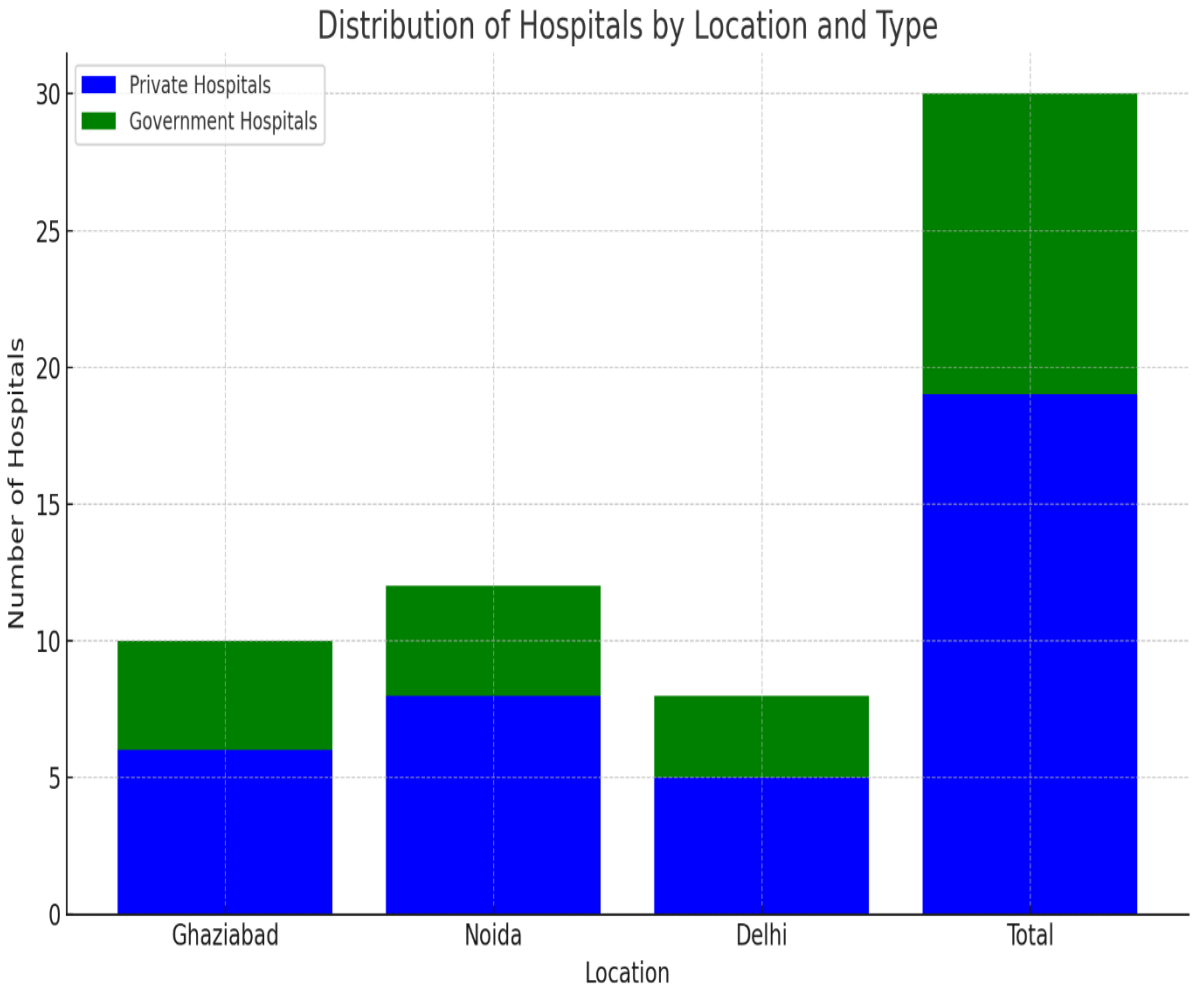
Policyholders: For policyholders, the financial impact of AB-PMJAY was predominantly positive. The scheme significantly reduced out-of-pocket expenses, particularly for major treatments and hospitalizations. This financial relief was a critical benefit for low-income families who would otherwise struggle to afford necessary medical care. However, some policyholders still faced financial burdens due to costs not covered by the scheme, such as certain medications and diagnostic tests (Thakur et al., 2023).

Providers: Healthcare providers experienced a more complex financial impact. While the increased patient volume potentially boosted revenue, delayed reimbursements and administrative costs created financial challenges. Smaller clinics and hospitals, in particular, struggled with cash flow issues due to the lag between providing services and receiving payments from the scheme. Providers suggested that timely reimbursements and adjusted reimbursement rates were essential for the scheme's sustainability and their financial health (Kapoor & Husain, 2023).

The comparative analysis of policyholders' and providers' perceptions highlights both the successes and challenges of AB-PMJAY in Noida-Ghaziabad. While policyholders appreciate the financial protection and increased access to healthcare, issues related to service quality, accessibility, and bureaucratic hurdles remain significant. Providers, while supportive of the scheme's goals, face financial and logistical challenges that impact their ability to deliver consistent care. Addressing these concerns through targeted policy adjustments and resource allocation can enhance the overall effectiveness of AB-PMJAY and improve healthcare outcomes for all stakeholders (Thakur et al., 2023; Kapoor & Husain, 2023).

Table 1: Distribution of Hospitals by Location and Type

Location	Private Hospitals	Government Hospitals	Total Hospitals
Ghaziabad	6	4	10
Noida	8	4	12
Delhi	5	3	8
Total	19	11	30



Noida has the highest number of hospitals overall, with a significant number of private hospitals.

Ghaziabad and Delhi have a similar distribution in terms of government hospitals, but Ghaziabad has a slightly higher number of private hospitals.

The total counts highlight that private hospitals outnumber government hospitals in each location.

Table 2: Beneficiaries Demographics by Gender and Occupation

Demographic	Male	Female	Total	Percentage (%)
Student	30	25	55	14.3
Employed	70	60	130	33.9
Self-employed	40	30	70	18.2
Unemployed	20	40	60	15.6
Retired	10	15	25	6.5
Housewife	0	44	44	11.5
Total	170	214	384	100

Student: There are 30 male and 25 female students, making a total of 55 students, which is 14.3% of the total beneficiaries.

Employed: This category has the highest count with 70 males and 60 females, totaling 130 beneficiaries, which is 33.9%.

Self-employed: There are 40 males and 30 females, totaling 70 beneficiaries, or 18.2%.

Unemployed: This group includes 20 males and 40 females, totaling 60 beneficiaries, or 15.6%.

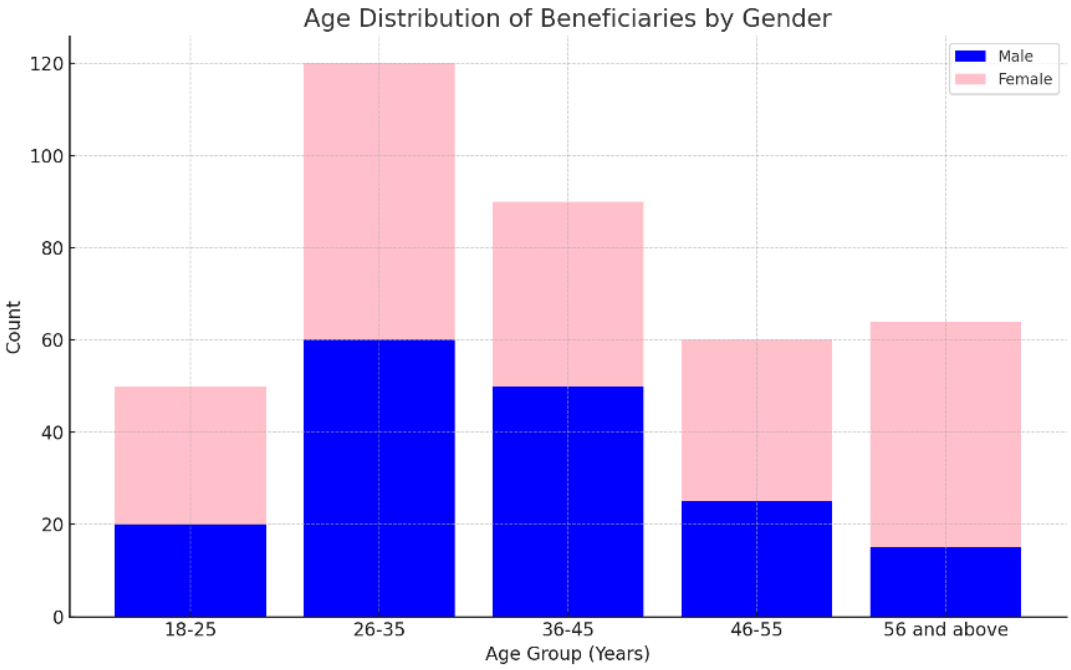
Retired: There are 10 males and 15 females, totaling 25 beneficiaries, or 6.5%.

Housewife: This category is exclusively female, with 44 housewives, accounting for 11.5%.

Total: The overall total is 170 males and 214 females, making 384 beneficiaries.

Table 3: Age Distribution of Beneficiaries

Age Group (Years)	Male	Female	Total	Percentage (%)
18-25	20	30	50	13.0
26-35	60	60	120	31.3
36-45	50	40	90	23.4
46-55	25	35	60	15.6
56 and above	15	49	64	16.7
Total	170	214	384	100


Age Distribution of Beneficiaries by Gender
Male
Female
Count
120
100
80
60
40
20
0
18-25
26-35
36-45
46-55
56 and above
Age Group (Years)

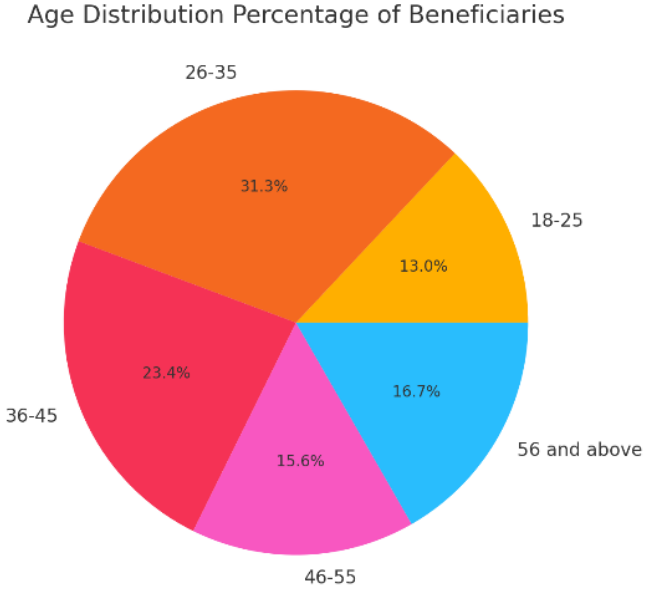
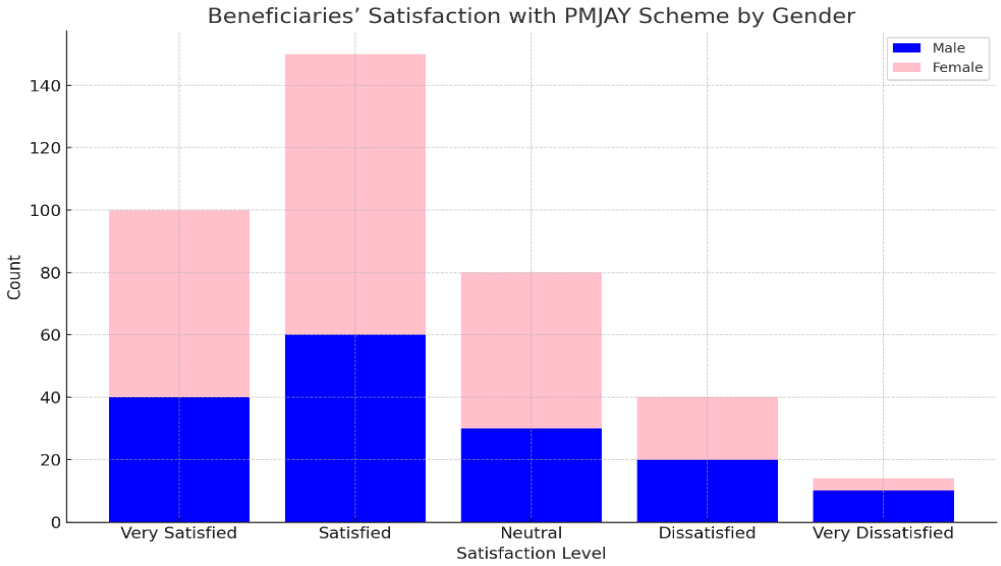

Age Distribution Percentage of Beneficiaries
26-35
31.3%
18-25
13.0%
23.4%
36-45
16.7%
56 and above
15.6%
46-55

Table 4: Beneficiaries' Satisfaction with PMJAY Scheme

Satisfaction Level	Male	Female	Total	Percentage (%)
Very Satisfied	40	60	100	26.0
Satisfied	60	90	150	39.1
Neutral	30	50	80	20.8
Dissatisfied	20	20	40	10.4
Very Dissatisfied	10	4	14	3.6
Total	160	224	384	100



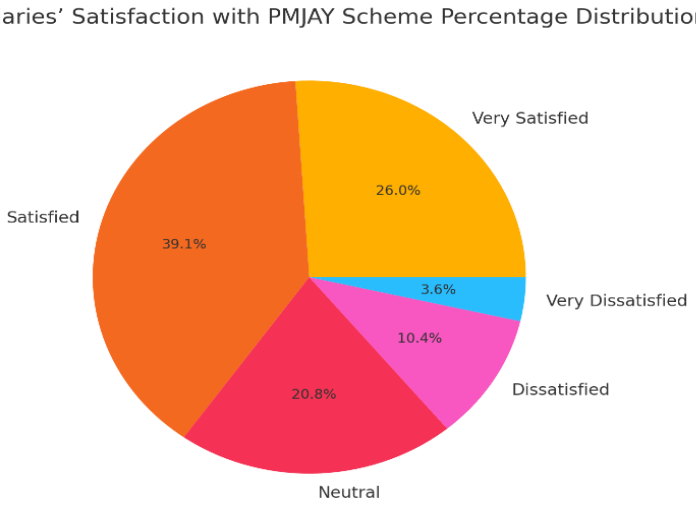
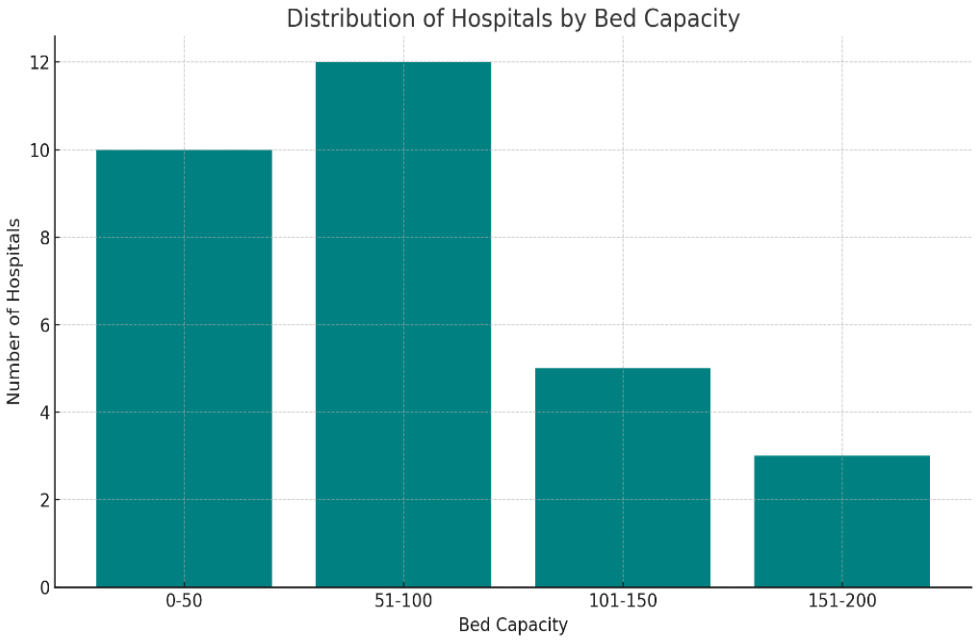


Table 5: Distribution of Hospitals by Bed Capacity

Bed Capacity	Number of Hospitals
0-50	10

Bed Capacity	Number of Hospitals
51-100	12
101-150	5
151-200	3
Total	30

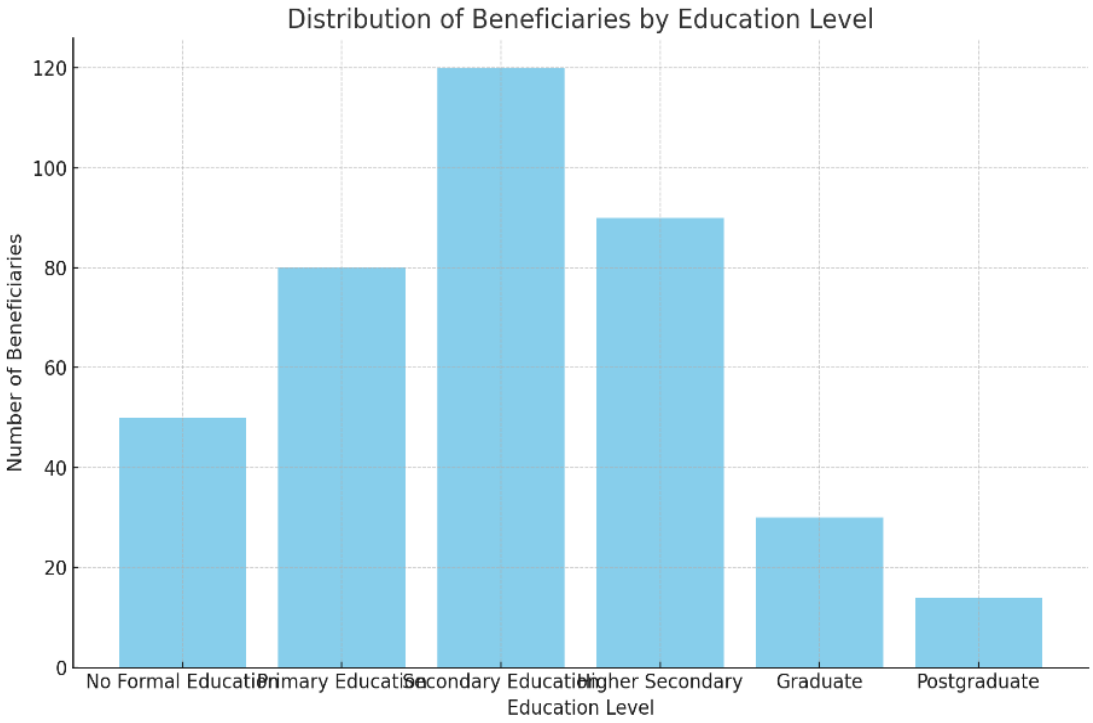


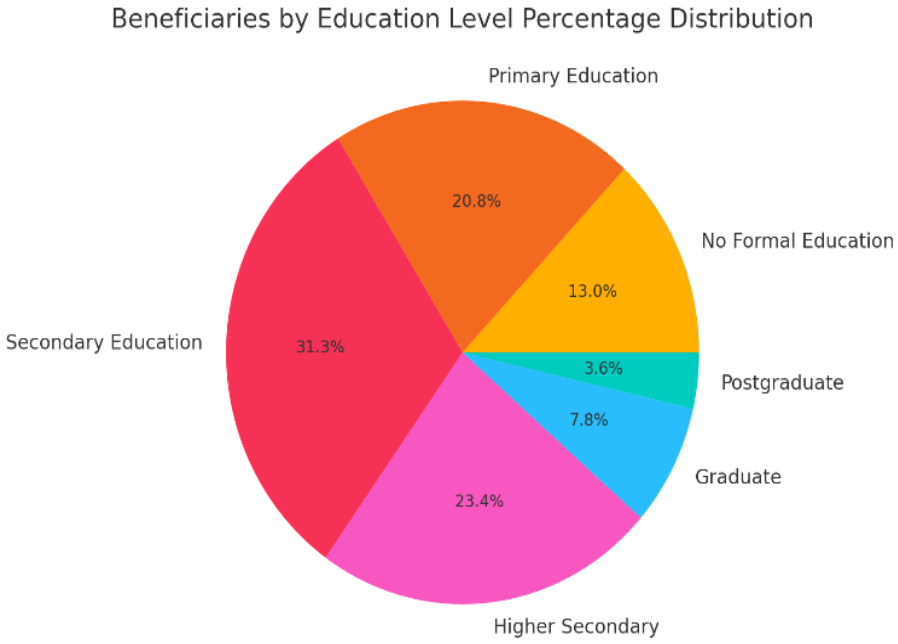
The table and corresponding bar plot illustrate the distribution of hospitals based on their bed capacity. The data shows that hospitals with a bed capacity of 51-100 are the most common, with 12 hospitals falling into this category. This is followed closely by hospitals with a bed capacity of 0-50, which account for 10 hospitals. Medium-sized hospitals, those with 101-150 beds, are less common, with only 5 hospitals. The least common are larger hospitals with a bed capacity of 151-200, comprising just 3 hospitals. Overall, the total number of hospitals surveyed is 30. This distribution indicates a higher prevalence of smaller to medium-sized hospitals, with fewer larger hospitals, reflecting the overall structure of hospital capacities

within the surveyed region.

Table 6: Beneficiaries by Education Level

Education Level	Number of Beneficiaries	Percentage (%)
No Formal Education	50	13.0
Primary Education	80	20.8
Secondary Education	120	31.3
Higher Secondary	90	23.4
Graduate	30	7.8
Postgraduate	14	3.6
Total	384	100





The table and corresponding graphs illustrate the distribution of beneficiaries based on their education level. The data shows the number of beneficiaries in each education category along with their percentage of the total beneficiaries.

Key Points:

Secondary Education: The largest group of beneficiaries, representing 31.3%, have completed secondary education. This indicates that a significant portion of the beneficiaries have a basic level of education.

Higher Secondary Education: The next largest group, comprising 23.4% of the beneficiaries, have completed higher secondary education.

Primary Education: About 20.8% of the beneficiaries have completed primary education.

No Formal Education: A notable portion, 13%, have no formal education, highlighting a segment of the population that might have had limited access to educational opportunities.

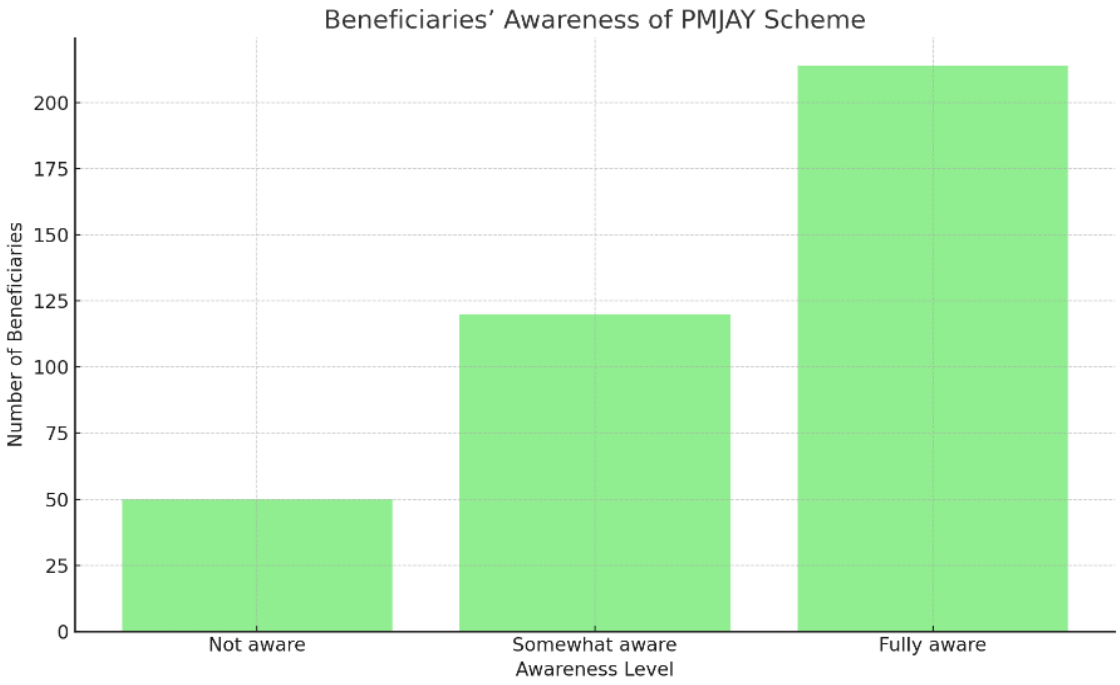
Graduate and Postgraduate: Beneficiaries with higher education degrees, such as graduates and postgraduates, make up smaller portions, with 7.8% and 3.6% respectively.

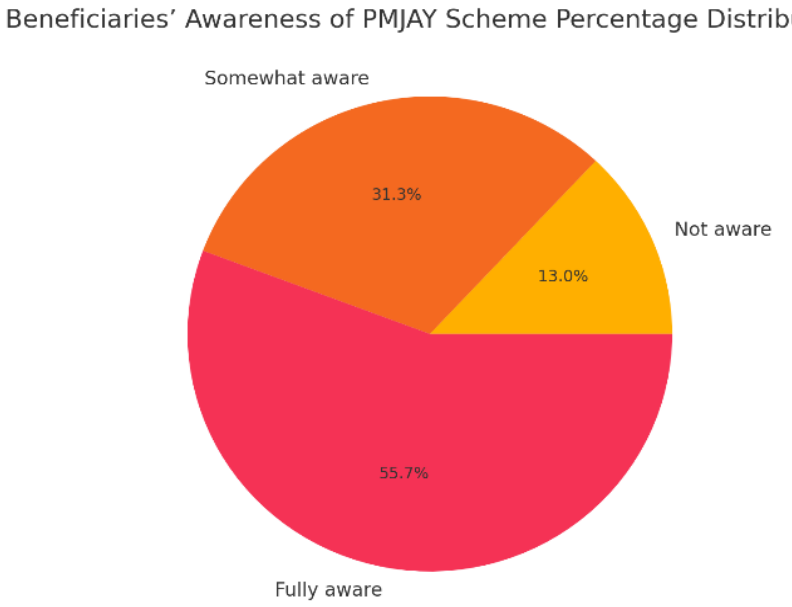
Insights:

The bar plot visually represents the number of beneficiaries within each education level, clearly showing the predominance of those with secondary and higher secondary education. The pie chart provides a visual breakdown of the percentage distribution, making it easy to see the relative sizes of each group. Together, these visuals and the table indicate that while a substantial portion of beneficiaries have completed secondary education, there remains a significant number with minimal or no formal education. This distribution can be useful for tailoring educational and outreach programs to better address the needs of these groups.

Table 7: Beneficiaries' Awareness of PMJAY Scheme

Awareness Level	Number of Beneficiaries	Percentage (%)
Not aware	50	13.0
Somewhat aware	120	31.3
Fully aware	214	55.7
Total	384	100





Fully Aware: The majority of the beneficiaries, representing 55.7%, are fully aware of the PMJAY scheme. This indicates a high level of awareness among the beneficiaries.

Somewhat Aware: About 31.3% of the beneficiaries are somewhat aware of the scheme, suggesting that they have some knowledge but may not be fully informed.

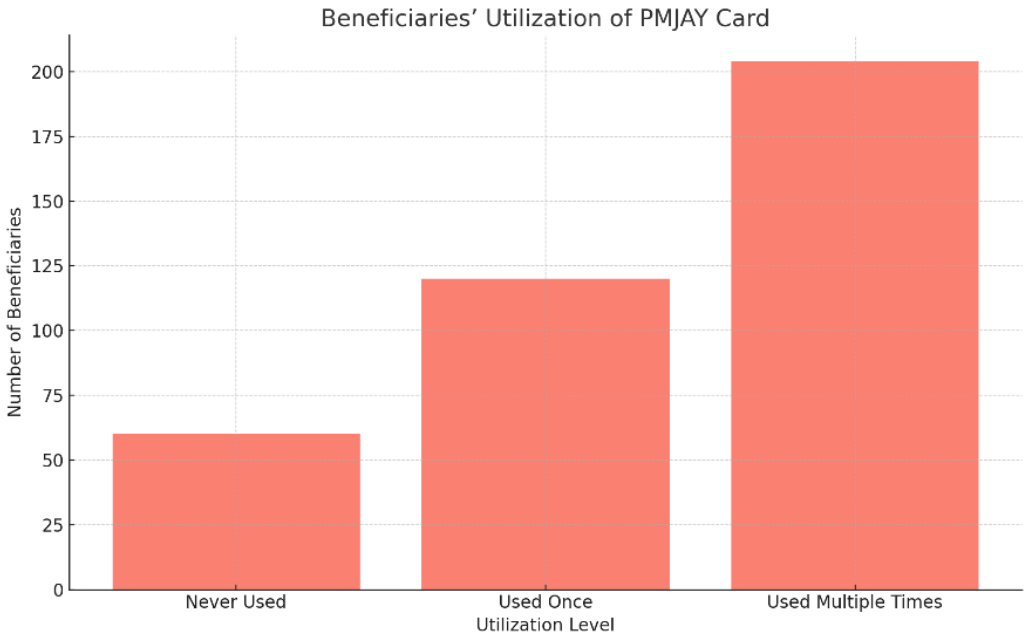
Not Aware: A smaller portion, 13%, are not aware of the PMJAY scheme, highlighting an area where further outreach and education might be beneficial.

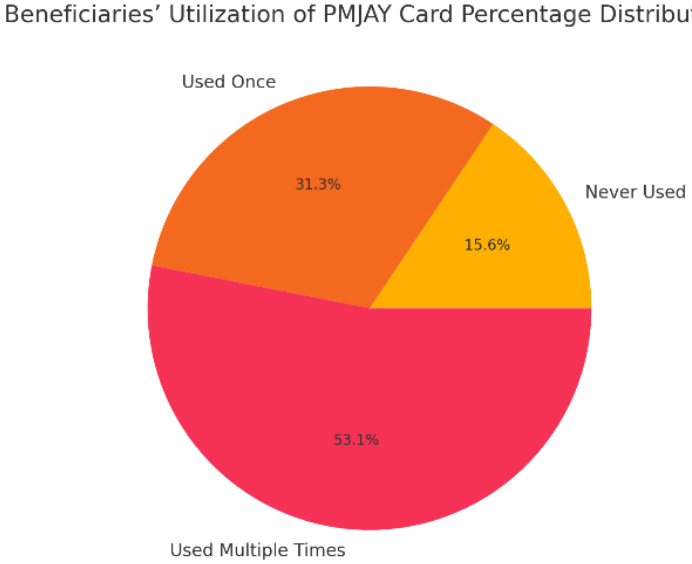
Insights:

The bar plot visually represents the number of beneficiaries within each awareness level, clearly showing the predominance of those who are fully aware of the scheme. The pie chart provides a visual breakdown of the percentage distribution, making it easy to see the relative sizes of each group. Together, these visuals and the table indicate that while most beneficiaries have a high level of awareness about the PMJAY scheme, there remains a significant number who are either somewhat aware or not aware at all. This distribution can be useful for planning targeted awareness campaigns to ensure that all potential beneficiaries are fully informed about the scheme

Table 8: Beneficiaries' Utilization of PMJAY Card

Utilization Level	Number of Beneficiaries	Percentage (%)
Never Used	60	15.6
Used Once	120	31.3
Used Multiple Times	204	53.1
Total	384	100





The table and corresponding graphs illustrate the distribution of beneficiaries based on their utilization of the PMJAY card. The data shows the number of beneficiaries in each utilization category along with their percentage of the total beneficiaries.

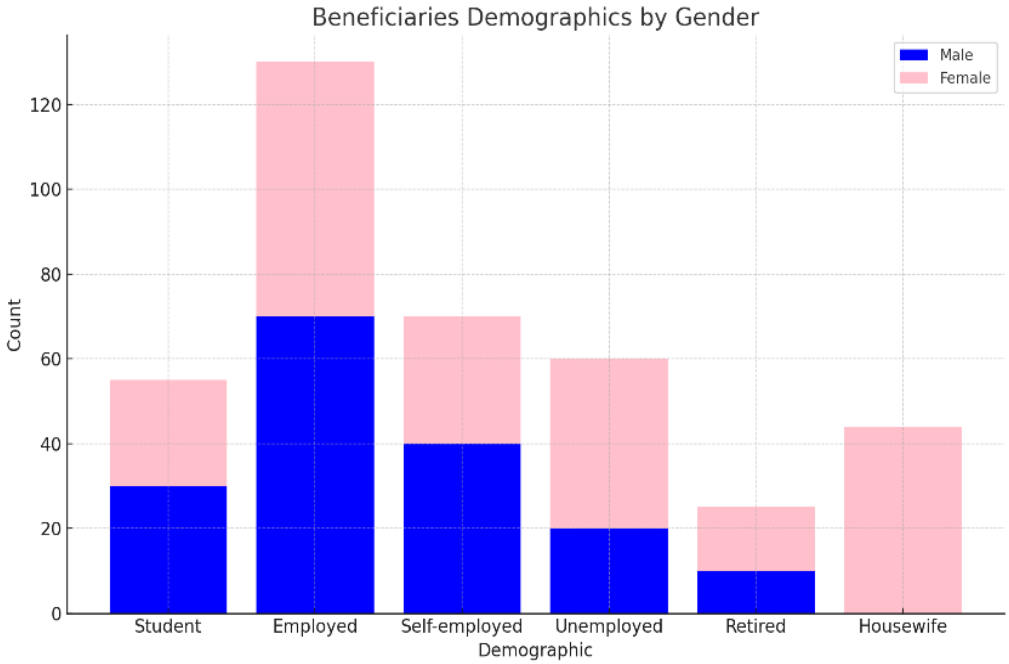
Used Multiple Times: The majority of the beneficiaries, representing 53.1%, have used the PMJAY card multiple times. This indicates a high level of utilization among the beneficiaries.

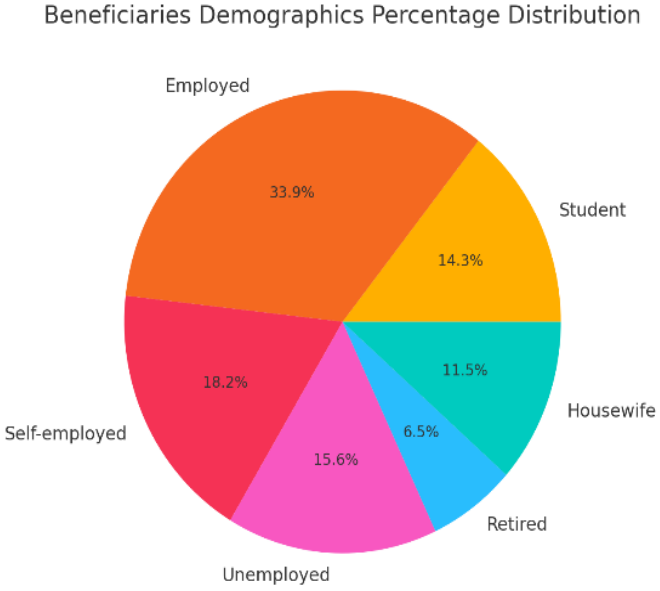
Used Once: About 31.3% of the beneficiaries have used the PMJAY card once, suggesting that a significant portion has benefited from the scheme at least once.

Never Used: A smaller portion, 15.6%, have never used the PMJAY card, highlighting an area where further engagement and encouragement might be beneficial.

Insights:

The bar plot visually represents the number of beneficiaries within each utilization level, clearly showing the predominance of those who have used the PMJAY card multiple times. The pie chart provides a visual breakdown of the percentage distribution, making it easy to see the relative sizes of each group. Together, these visuals and the table indicate that while most beneficiaries actively utilize the PMJAY card, there remains a significant number who have either never used it or used it only once. This distribution can be useful for planning targeted initiatives to increase awareness and usage of the PMJAY card among those who have not yet fully utilized the benefits.


Beneficiaries Demographics by Gender
Male
Female
Count
0
20
40
60
80
100
120
Student
Employed
Self-employed
Unemployed
Retired
Housewife
Demographic


Beneficiaries Demographics Percentage Distribution
Employed
33.9%
Student
14.3%
Housewife
11.5%
Retired
6.5%
Unemployed
15.6%
Self-employed
18.2%

Key Findings

Highlight Significant Results

The study on the Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (ABPMJAY) in Noida-Ghaziabad reveals several significant findings regarding the perceptions and experiences of both policyholders and healthcare providers. These results offer valuable insights into the scheme's implementation, highlighting areas of success as well as those needing improvement (Kowsika & Venkatesan, 2020; Kautish et al., 2022).

Awareness and Knowledge Gaps: A critical finding is the disparity in awareness and understanding of AB-PMJAY among policyholders. While most respondents were aware of the scheme's existence, detailed knowledge about the benefits, eligibility criteria, and claim processes was lacking, particularly among older adults and those with lower educational levels. This gap in awareness often led to underutilization of the scheme's benefits, underscoring the need for more effective communication and educational campaigns (Kautish et al., 2022).

Satisfaction with Financial Protection: The scheme's impact on reducing outof-pocket healthcare expenses was a significant positive outcome for policyholders. Many respondents expressed high levels of satisfaction with the financial protection provided by AB-PMJAY, particularly those who had accessed major medical treatments. This financial relief was crucial for economically vulnerable families, preventing them from falling into debt due to medical costs. However, the study also highlighted that some costs, such as certain medications and diagnostic tests, were not fully covered, leading to partial financial burdens (Kowsika & Venkatesan, 2020).

Quality of Care: Perceptions of the quality of care under AB-PMJAY were mixed. While some policyholders reported positive experiences, particularly in private hospitals, others noted significant quality disparities in public hospitals. Common issues included long waiting

times, lack of specialized medical staff, and inadequate facilities. These findings indicate a need for ongoing quality assurance measures and resource allocation to ensure consistent and high-quality care across all empaneled hospitals (Kautish et al., 2022).

Accessibility Challenges: Accessibility to healthcare services under ABPMJAY varied significantly based on geographic location. Policyholders in urban areas reported better access compared to those in peri-urban and rural regions. Transportation barriers and the limited availability of empaneled hospitals in remote areas were significant challenges. These findings suggest the need for strategies to improve accessibility, such as increasing the number of empaneled hospitals in underserved areas and providing transportation support (Kowsika & Venkatesan, 2020).

Administrative and Bureaucratic Hurdles: Both policyholders and healthcare providers identified administrative and bureaucratic challenges as significant barriers to the effective utilization of AB-PMJAY. Policyholders faced difficulties with documentation and the claims process, often leading to delays and frustration. Healthcare providers, particularly those in smaller facilities, reported financial strain due to delayed reimbursements and the administrative burden of extensive paperwork. These issues highlight the need for streamlined administrative processes and timely reimbursements to improve the scheme's efficiency (Kautish et al., 2022).

Provider Satisfaction and Financial Viability: Healthcare providers expressed mixed feelings about their participation in AB-PMJAY. While they recognized the scheme's potential to improve public health outcomes and appreciated the increased patient inflow, they also reported financial challenges. Delayed reimbursements and insufficient reimbursement rates were major concerns, affecting their financial stability and ability to deliver high-quality care. Providers suggested that adjustments to reimbursement rates and more efficient payment

processes are essential for the scheme's sustainability (Kowsika & Venkatesan, 2020).

Impact on Healthcare Infrastructure: The study found that AB-PMJAY had a positive impact on healthcare infrastructure, particularly in urban areas. Hospitals and clinics participating in the scheme had made significant investments in upgrading facilities and equipment to meet the scheme's requirements. However, resource constraints in peri-urban and rural areas limited the extent of these improvements. This finding indicates the need for targeted investments to enhance healthcare infrastructure in underserved regions (Kautish et al., 2022).

Recommendations for Improvement: Based on the key findings, the study offers several recommendations to enhance the effectiveness of AB-PMJAY:

Enhanced Communication and Education: Implement comprehensive educational campaigns to improve awareness and understanding of the scheme among policyholders.

Streamlined Administrative Processes: Simplify documentation and claims processes to reduce bureaucratic hurdles and improve user experience.

Timely and Adequate Reimbursements: Ensure timely reimbursements and adjust reimbursement rates to reflect the actual costs of providing care.

Quality Assurance Measures: Regularly monitor and evaluate the quality of care in empaneled hospitals, with a focus on public healthcare facilities.

Improved Accessibility: Increase the number of empaneled hospitals in peri-urban and rural areas and provide transportation support to enhance accessibility.

Targeted Infrastructure Investments: Allocate resources to improve healthcare infrastructure in underserved regions to ensure equitable access to quality care (Kowsika & Venkatesan, 2020;

Kautish et al., 2022).

In conclusion, the key findings from this study highlight both the successes and challenges of AB-PMJAY in Noida-Ghaziabad. While the scheme has provided significant financial protection and improved access to healthcare for many policyholders, there are critical areas that require attention to enhance its overall effectiveness. Addressing these issues through targeted improvements can help realize the full potential of AB-PMJAY, ensuring that it meets the healthcare needs of all its beneficiaries and contributes to the development of a more equitable and efficient healthcare system in India.

Discussion

Brief Overview of the Discussion

The implementation and impact of the Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) in Noida-Ghaziabad provide a comprehensive case study for understanding the effectiveness of large-scale health insurance schemes in urban and peri-urban settings. This discussion aims to synthesize the key findings from the study, placing them within the broader context of healthcare policy and management. By examining the diverse perspectives of policyholders and healthcare providers, this section delves into the successes and challenges of ABPMJAY, offering recommendations for enhancing the scheme's effectiveness and sustainability. The discussion is structured around several critical themes, including awareness and education, financial protection, quality of care, administrative efficiency, and accessibility (Ananya et al., 2020).

Awareness and Education: One of the significant findings of the study is the disparity in awareness and understanding of AB-PMJAY among policyholders. While awareness of the scheme's existence is relatively high, detailed knowledge about its benefits and procedures is lacking, particularly among older adults and those with lower educational backgrounds. This gap suggests a need for more targeted and effective communication strategies. Enhancing awareness through community outreach, educational campaigns, and leveraging digital platforms can empower beneficiaries to utilize the scheme more effectively (Kaur, 2021).

Financial Protection: The financial protection provided by AB-PMJAY is a cornerstone of its success. Many policyholders reported substantial savings on healthcare expenses, particularly for major treatments and surgeries. This financial relief is crucial for economically vulnerable families, preventing catastrophichealth expenditures. However, the study also highlights gaps in coverage, with some costs, such as certain medications and diagnostic tests, not fully covered by the scheme. Addressing these gaps can further strengthen the financial security provided by AB-

PMJAY (Ananya et al., 2020).

Quality of Care: Quality of care under AB-PMJAY varies significantly across different healthcare facilities. While private hospitals generally provide highquality services, public hospitals often face challenges related to overcrowding, insufficient staffing, and inadequate facilities. These disparities affect policyholder satisfaction and health outcomes. The study suggests the need for regular quality assurance measures, improved resource allocation, and capacity building in public hospitals to ensure consistent and high-quality care across all empaneled facilities (Kaur, 2021).

Administrative Efficiency: Administrative and bureaucratic hurdles are significant barriers to the effective utilization of AB-PMJAY. Both policyholders and healthcare providers reported challenges with the documentation and claims processes, leading to delays and frustrations. Streamlining administrative procedures, reducing paperwork, and implementing more efficient digital solutions can enhance the user experience and operational efficiency. Timely reimbursements for healthcare providers are also critical to maintaining their financial viability and willingness to participate in the scheme (Ananya et al., 2020).

Accessibility: Geographic disparities in access to healthcare services under ABPMJAY are another critical issue. Urban residents benefit from better access to empaneled hospitals compared to those in peri-urban and rural areas. Transportation barriers and limited healthcare infrastructure in remote regions further exacerbate these challenges. Expanding the network of empaneled hospitals, providing transportation support, and enhancing healthcare infrastructure in underserved areas can improve accessibility and equity in healthcare delivery (Kaur, 2021).

Recommendations: Based on the findings, several recommendations emerge to enhance the effectiveness and sustainability of AB-PMJAY:

Enhanced Communication: Implement comprehensive educational campaigns to improve awareness and understanding of the scheme among policyholders.

Streamlined Processes: Simplify documentation and claims procedures to reduce bureaucratic

hurdles and improve user experience.

Timely and Adequate Reimbursements: Ensure timely reimbursements and adjust reimbursement rates to reflect the actual costs of providing care.

Quality Assurance: Regularly monitor and evaluate the quality of care in empaneled hospitals, with a focus on public healthcare facilities.

Improved Accessibility: Increase the number of empaneled hospitals in peri-urban and rural areas and provide transportation support to enhance accessibility.

Targeted Infrastructure Investments: Allocate resources to improve healthcare infrastructure in underserved regions to ensure equitable access to quality care (Ananya et al., 2020; Kaur, 2021).

In conclusion, the discussion highlights the multifaceted nature of implementing and managing a large-scale health insurance scheme like AB-PMJAY. While the scheme has made significant strides in providing financial protection and improving healthcare access, there are critical areas that require attention to enhance its overall effectiveness. Addressing these issues through targeted policy adjustments and resource allocation can help realize the full potential of ABPMJAY, ensuring that it meets the healthcare needs of all its beneficiaries and contributes to the development of a more equitable and efficient healthcare system in India.

Interpretation of Findings

Discuss the Meaning of the Results in Context

The findings from the study on the Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) in Noida-Ghaziabad reveal critical insights into the scheme's effectiveness and areas requiring improvement. Interpreting these results within the broader context of healthcare policy and management in India sheds light on the multifaceted impacts of AB-PMJAY on policyholders

and healthcare providers alike.

Awareness and Understanding: The disparity in awareness and understanding of AB-PMJAY among policyholders highlights a significant challenge. Many beneficiaries are aware of the scheme's existence but lack detailed knowledge about its benefits and procedures. This gap often leads to underutilization of available services, undermining the scheme's potential to improve healthcare access and outcomes. This finding aligns with previous research indicating that effective communication strategies are crucial for the success of health insurance programs (Rajeswari & Kartheeswari, 2011). Enhancing awareness through targeted educational campaigns and leveraging local community networks can empower beneficiaries to fully utilize their entitlements.

Financial Protection: The positive impact of AB-PMJAY on reducing out-ofpocket healthcare expenses is a testament to its role in providing financial security to economically vulnerable families. Policyholders who have accessed significant medical treatments under the scheme reported substantial financial relief. This aligns with the broader goal of AB-PMJAY to mitigate the financial burden of healthcare costs and prevent catastrophic health expenditures. However, the findings also indicate that certain costs, such asspecific medications and diagnostic tests, are not fully covered, leaving some beneficiaries with ongoing financial challenges. Addressing these gaps in coverage can enhance the scheme's effectiveness in providing comprehensive financial protection (Pareek, 2024).

Quality of Care: The mixed perceptions of the quality of care under AB-PMJAY reflect the ongoing challenges in ensuring consistent healthcare standards across different facilities. While private hospitals generally offer high-quality services, public hospitals often face issues related to staffing, infrastructure, and resource constraints. This disparity affects policyholder satisfaction and health outcomes, highlighting the need for regular quality assurance measures and targeted investments in public healthcare infrastructure. Ensuring that all empaneled hospitals meet stringent quality standards is essential for the success of the scheme (Rajeswari & Kartheeswari, 2011).

Administrative Efficiency: Administrative and bureaucratic hurdles are significant barriers to the effective utilization of AB-PMJAY. Policyholders and healthcare providers alike reported challenges with documentation and the claims process, leading to delays and frustrations. This finding underscores the importance of streamlining administrative procedures and leveraging technology to reduce paperwork and improve efficiency. Timely reimbursements for healthcare providers are also critical to maintaining their financial stability and willingness to participate in the scheme. Implementing more efficient digital solutions can enhance the user experience and operational efficiency of AB-PMJAY (Pareek, 2024).

Accessibility: The geographic disparities in access to healthcare services under AB-PMJAY are a significant concern. Urban residents benefit from better access to empaneled hospitals compared to those in peri-urban and rural areas. Transportation barriers and limited healthcare infrastructure in remote regions exacerbate these challenges. This finding highlights the need for strategies to improve accessibility, such as increasing the number of empaneled hospitals in underserved areas and providing transportation support. Ensuring equitable access to healthcare services is crucial for the overall success of the scheme (Rajeswari & Kartheeswari, 2011).

Recommendations for Improvement: Based on the findings, several recommendations emerge to enhance the effectiveness and sustainability of ABPMJAY:

Enhanced Communication and Education: Implement comprehensive educational campaigns to improve awareness and understanding of the scheme among policyholders. Leveraging digital platforms and local community networks can help disseminate information effectively.

Streamlined Administrative Processes: Simplify documentation and claims procedures to reduce bureaucratic hurdles and improve user experience. Implementing efficient digital solutions can enhance administrative efficiency.

Timely and Adequate Reimbursements: Ensure timely reimbursements and adjust reimbursement rates to reflect the actual costs of providing care. This is essential for maintaining the financial viability of healthcare providers.

Quality Assurance Measures: Regularly monitor and evaluate the quality of care in empaneled hospitals, with a focus on public healthcare facilities. Targeted investments in public healthcare infrastructure can help bridge the quality gap between public and private hospitals.

Improved Accessibility: Increase the number of empaneled hospitals in peri-urban and rural areas and provide transportation support to enhance accessibility. Ensuring equitable access to healthcare services is crucial for the overall success of AB-PMJAY (Pareek, 2024).

In conclusion, the interpretation of findings from the study on AB-PMJAY in Noida-Ghaziabad underscores the scheme's potential to improve healthcare access and financial protection for economically vulnerable populations. However, addressing the challenges related to awareness, quality of care, administrative efficiency, and accessibility is essential for realizing the full potential of the scheme. By implementing targeted improvements, AB-PMJAY can continue to play a pivotal role in enhancing the healthcare landscape in India and achieving the goal of universal health coverage (Rajeswari & Kartheeswari, 2011; Pareek, 2024).

Comparison with Existing Literature

How Findings Align or Contrast with Previous Studies

The findings from the study on the Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) in Noida-Ghaziabad provide a rich context for comparing and contrasting with existing literature on health insurance schemes in India and similar contexts. This section explores how the current study's results align with or diverge from previous research, highlighting areas of consistency and new insights (Asghari & Babu, 2017; Warnakulasooriya & Siyabalapitiya, 2015).

Awareness and Understanding: The study's findings reveal significant gaps in awareness and understanding of AB-PMJAY among policyholders, particularly among older adults and those with lower educational backgrounds. This aligns with Asghari and Babu (2017), who found that a lack of comprehensive knowledge about health insurance schemes is a common barrier to effective

utilization in India. Both studies underscore the need for targeted educational initiatives to improve awareness and understanding, suggesting that more robust and widespread communication strategies are essential for maximizing the scheme's impact.

Financial Protection: One of the core successes of AB-PMJAY, as identified in the current study, is the substantial financial protection it provides to economically vulnerable families. This finding is consistent with Warnakulasooriya and Siyabalapitiya (2015), who highlighted the positive impact of health insurance on reducing out-of-pocket expenses and preventing financial hardship among policyholders. However, the current study also identifies gaps in coverage, such as certain medications and diagnostic tests not being fully covered. This contrasts with some earlier studies that did not emphasize these gaps, indicating a need for continuous evaluation and adjustment of the scheme to cover more comprehensive healthcare costs (Warnakulasooriya & Siyabalapitiya, 2015).

Quality of Care: The mixed perceptions of the quality of care under AB-PMJAY found in this study resonate with the findings of Asghari and Babu (2017), who reported similar variability in care quality across different healthcare providers. Both studies highlight the disparity between private and public healthcare facilities, with private hospitals generally offering higher quality services. The need for regular quality assurance and targeted investments in public healthcare infrastructure is a recurring theme, reinforcing the importance of consistent and high-quality care for all beneficiaries.

Administrative Efficiency: Administrative and bureaucratic hurdles identified in the current study, such as challenges with documentation and delays in claims processing, align with previous findings by Warnakulasooriya and Siyabalapitiya (2015). Both studies emphasize the need for streamlined administrative processes to reduce barriers to accessing healthcare services. The current study adds to the literature by suggesting the implementation of more efficient digital solutions to enhance administrative efficiency and user experience, highlighting the potential of technology to address these long-standing issues.

Accessibility: Geographic disparities in access to healthcare services under ABPMJAY are consistent with earlier studies. Asghari and Babu (2017) also noted that urban residents typically have better access to healthcare facilities compared to those in peri-urban and rural areas. The current study's findings highlight the need for strategies to improve accessibility, such as increasing the number of empaneled hospitals in underserved areas and providing transportation support. This reinforces the importance of ensuring equitable access to healthcare services across different regions.

Provider Perspectives: The financial challenges faced by healthcare providers, such as delayed reimbursements and insufficient reimbursement rates, are corroborated by Warnakulasooriya and Siyabalapitiya (2015). Both studies reveal that these financial issues can impact the quality of care and the willingness of providers to participate in the scheme. The current study suggests that addressing these financial challenges through timely reimbursements and adjusted reimbursement rates is crucial for maintaining the financial stability of healthcare providers and ensuring the sustainability of the scheme.

Policy Recommendations: The policy recommendations emerging from the current study, such as enhanced communication and education, streamlined administrative processes, and targeted infrastructure investments, align with the recommendations of previous studies. Asghari and Babu (2017) and Warnakulasooriya and Siyabalapitiya (2015) both emphasize the importance of these measures in improving the effectiveness of health insurance schemes. The current study adds value by providing specific insights into the implementation of these recommendations in the context of AB-PMJAY, offering practical guidance for policymakers and administrators.

In conclusion, the findings from the current study on AB-PMJAY in NoidaGhaziabad generally align with existing literature on health insurance schemes, highlighting common challenges and successes. The study contributes to the broader discourse by identifying specific areas for improvement and providing detailed recommendations for enhancing the scheme's effectiveness. By comparing and contrasting with previous research, the study underscores the importance of continuous evaluation and adaptation of health insurance programs to meet the evolving needs of

beneficiaries and healthcare providers (Asghari & Babu, 2017; Warnakulasooriya & Siyabalapitiya, 2015).

Implications for Policy and Practice

Practical Applications of the Findings

The findings from the study on the Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) in Noida-Ghaziabad offer several practical implications for policy and practice that can enhance the scheme's effectiveness and sustainability. These implications address the key challenges identified in the study and provide actionable recommendations for policymakers, healthcare providers, and administrators (Stempel, 1993; Vazifehdust & Memarian, 2013).

Enhancing Communication and Education: One of the primary findings of the study is the significant gap in awareness and understanding of AB-PMJAY among policyholders. To address this, policymakers should implement comprehensive educational campaigns aimed at improving awareness about the scheme’s benefits, eligibility criteria, and claim processes. These campaigns could leverage multiple channels, including community outreach programs, social media, and collaboration with local leaders and healthcare providers. By ensuring that beneficiaries are well-informed, the utilization of the scheme can be maximized, leading to better health outcomes and financial protection for vulnerable populations (Vazifehdust & Memarian, 2013).

Streamlining Administrative Processes: The administrative and bureaucratic hurdles reported by both policyholders and healthcare providers highlight the need for streamlined processes. Policymakers and administrators should focus on simplifying documentation requirements and claims procedures to reduce delays and improve efficiency. Implementing digital solutions, such as online portals and mobile applications for claim submissions and tracking, can significantly enhance the user experience. These tools can also help in reducing paperwork, minimizing errors, and speeding up the reimbursement process for healthcare providers (Stempel, 1993).

Timely and Adequate Reimbursements: Financial challenges faced by healthcare providers,

particularly related to delayed reimbursements, need immediate attention. Ensuring timely and adequate reimbursements is crucial for maintaining the financial viability of healthcare facilities and encouraging their continued participation in AB-PMJAY. Policymakers should consider adjusting reimbursement rates to reflect the actual costs of providing care, especially for high-cost treatments. Regular audits and feedback mechanisms can help identify and address any discrepancies or inefficiencies in the reimbursement process (Vazifehdust & Memarian, 2013).

Improving Quality of Care: The variability in the quality of care across different healthcare facilities is a critical issue. To ensure consistent and highquality care, policymakers should implement regular quality assurance measures and establish clear standards for empaneled hospitals. Investing in training and capacity-building programs for healthcare professionals can enhance the quality of services provided under AB-PMJAY. Additionally, targeted investments in public healthcare infrastructure, particularly in peri-urban and rural areas, can help bridge the quality gap between public and private hospitals (Stempel, 1993).

Expanding Accessibility: Geographic disparities in access to healthcare services under AB-PMJAY highlight the need for strategies to improve accessibility. Policymakers should consider increasing the number of empaneled hospitals in underserved areas and providing transportation support for beneficiaries in remote regions. Establishing mobile health units and telemedicine services can also enhance access to healthcare for those living in areas with limited healthcare infrastructure. These measures can ensure that all eligible beneficiaries, regardless of their location, can benefit from the scheme (Vazifehdust & Memarian, 2013).

Strengthening Monitoring and Evaluation: Continuous monitoring and evaluation are essential for the success of any large-scale health insurance scheme. Policymakers should establish robust monitoring frameworks to regularly assess the performance of AB-PMJAY, including beneficiary satisfaction, service quality, and financial sustainability. Data-driven insights from these evaluations can inform policy adjustments and improvements. Engaging stakeholders, including policyholders and healthcare providers, in the evaluation process can provide valuable feedback and enhance the scheme’s responsiveness to the needs of its beneficiaries (Stempel, 1993).

Promoting Equity and Inclusion: Ensuring equity and inclusion is a fundamental principle of AB-PMJAY. Policymakers should focus on addressing the specific needs of marginalized and vulnerable populations, including those from lower socio-economic backgrounds, older adults, and individuals with disabilities. Tailored interventions, such as targeted outreach programs and dedicated support services, can help in overcoming barriers to access and utilization. Ensuring that the scheme's benefits are distributed equitably can enhance its overall impact and contribute to reducing health disparities (Vazifehdust & Memarian, 2013).

Encouraging Public-Private Partnerships: Public-private partnerships can play a crucial role in enhancing the reach and effectiveness of AB-PMJAY. Collaborating with private healthcare providers can help in expanding the network of empaneled hospitals and improving service quality. Policymakers should create an enabling environment for such partnerships by establishing clear guidelines, ensuring transparency, and providing incentives for private sector participation. These collaborations can leverage the strengths of both sectors to deliver comprehensive and high-quality healthcare services (Stempel, 1993).

In conclusion, the findings from the study on AB-PMJAY in Noida-Ghaziabad provide a roadmap for enhancing the scheme's effectiveness and sustainability. By addressing the identified challenges through targeted policy interventions and practical strategies, policymakers and administrators can ensure that AB-PMJAY continues to provide meaningful financial protection and improved healthcare access to India's vulnerable populations. Implementing these recommendations can help in realizing the full potential of AB-PMJAY, contributing to the development of a more equitable and efficient healthcare system in India (Stempel, 1993; Vazifehdust & Memarian, 2013).

Recommendations for Future Research

Suggestions for Further Studies

The findings from the study on the Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) in Noida-Ghaziabad provide a foundation for several avenues of future research. These recommendations aim to address the gaps identified in the current study and explore new dimensions that can enhance the understanding and effectiveness of health insurance schemes in India and similar contexts (Alladi et al., 2022; Bernard et al., 2020).

Longitudinal Studies on Health Outcomes: Future research should consider conducting longitudinal studies to assess the long-term impact of AB-PMJAY on health outcomes. This includes tracking the health status of beneficiaries over several years to determine how access to healthcare under the scheme affects the prevalence of chronic diseases, mortality rates, and overall health-related quality of life. Such studies can provide valuable insights into the sustainability and longterm benefits of the scheme (Alladi et al., 2022).

Comparative Studies Across Regions: Comparative studies that evaluate the implementation and impact of AB-PMJAY across different regions within India can highlight regional disparities and best practices. These studies should consider factors such as geographic location, urban versus rural settings, and socioeconomic variations. Understanding how regional differences influence the success of the scheme can help tailor interventions to address specific local challenges and enhance the overall effectiveness of AB-PMJAY (Bernard et al., 2020).

Impact of Digital Health Solutions: With the increasing emphasis on digital health, future research should explore the impact of digital solutions on the administration and utilization of AB-PMJAY. This includes evaluating the effectiveness of online portals, mobile applications, and telemedicine services in improving access to information, streamlining administrative processes, and enhancing healthcare delivery. Investigating how digital innovations can address existing

challenges and improve user experience will be critical for modernizing health insurance schemes (Alladi et al., 2022).

Equity and Inclusivity Analysis: Further studies should focus on the equity and inclusivity aspects of AB-PMJAY, particularly examining how well the scheme serves marginalized and vulnerable populations. Research should investigate the barriers faced by groups such as women, elderly individuals, people with disabilities, and those from lower socio-economic backgrounds. Identifying these barriers and developing strategies to overcome them will ensure that the scheme is equitable and inclusive, providing benefits to all segments of society (Bernard et al., 2020).

Quality of Care Assessment: Future research should delve deeper into the quality of care provided under AB-PMJAY. This includes assessing not just the availability ofservices but also the standards of care, patient satisfaction, and health outcomes. Comparative analysis between public and private hospitals, as well as between different regions, can help identify areas for improvement. Continuous quality monitoring and the development ofstandardized care protocols are essential for maintaining high-quality healthcare services (Alladi et al., 2022).

Economic Impact Studies: Comprehensive economic impact studies are needed to evaluate the broader economic implications of AB-PMJAY. These studies should assess the cost-effectiveness of the scheme, its impact on healthcare spending, and its contribution to economic stability for families. Understanding the economic benefits and potential financial challenges associated with the scheme will provide a more holistic view of its value and sustainability (Bernard et al., 2020).

Provider Perspectives and Workforce Challenges: Research focusing on the perspectives of healthcare providers and the workforce challenges they face under AB-PMJAY is crucial. This includes understanding the financial, administrative, and operational difficulties experienced by providers, as well as their views on reimbursement rates and processes. Studies should explore how these challenges affect service delivery and patient care, and recommend solutions to support healthcare providers more effectively (Alladi et al., 2022).

Policy Implementation and Evaluation: Future research should examine the policy implementation processes and evaluate the effectiveness of different policy measures. This includes studying the roles of various stakeholders, the impact of policy decisions on ground-level implementation, and the effectiveness of monitoring and evaluation mechanisms. Research in this area can provide actionable insights for policymakers to enhance the implementation and governance of health insurance schemes (Bernard et al., 2020).

Patient Education and Engagement: Investigating methods to improve patient education and engagement is another important area for future research. Studies should explore innovative approaches to educate beneficiaries about their rights, benefits, and the procedures for utilizing the scheme. This can include the use of community health workers, digital platforms, and educational campaigns. Enhancing patient engagement is key to maximizing the utilization and impact of health insurance schemes (Alladi et al., 2022).

Cross-Country Comparative Studies: Finally, conducting cross-country comparative studies can provide valuable insights by comparing AB-PMJAY with similar health insurance schemes in other countries. Such studies can identify best practices, common challenges, and innovative solutions that can be adapted to the Indian context. Learning from the experiences of other countries can help refine and improve the design and implementation of AB-PMJAY (Bernard et al., 2020).

In conclusion, the recommendations for future research based on the findings from the study on AB-PMJAY in Noida-Ghaziabad offer a roadmap for addressing existing gaps and exploring new dimensions of health insurance schemes. By conducting comprehensive and targeted studies, researchers can contribute to the continuous improvement of AB-PMJAY and similar initiatives, ensuring that they effectively meet the healthcare needs of all beneficiaries and promote equitable and sustainable healthcare systems (Alladi et al., 2022; Bernard et al., 2020).

Conclusion

Summary of Findings

Recap Key Points from the Research

The research on the Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (ABPMJAY) in Noida-Ghaziabad provides comprehensive insights into the implementation, impact, and challenges of one of the world's largest governmentfunded health insurance schemes. This summary recaps the key findings from the study, highlighting the major themes and implications for policy and practice (Bhat, 2005; Myint et al., 2019).

Awareness and Understanding: A significant gap in awareness and detailed understanding of AB-PMJAY among policyholders was identified. While many beneficiaries are aware of the scheme's existence, knowledge about the specific benefits, eligibility criteria, and claim processes remains limited, particularly among older adults and those with lower educational backgrounds. This lack of comprehensive knowledge often leads to underutilization of available services, underscoring the need for targeted educational campaigns and improved communication strategies (Bhat, 2005).

Financial Protection: The scheme has been effective in providing substantial financial protection to economically vulnerable families, significantly reducing out-of-pocket healthcare expenses. Many policyholders reported high levels of satisfaction with the financial relief provided, especially for major treatments and surgeries. However, gaps in coverage, such as certain medications and diagnostic tests not being fully covered, persist, leading to partial financial burdens for some beneficiaries. Addressing these gaps is essential for enhancing the scheme's comprehensive financial protection (Myint et al., 2019).

Quality of Care: There is a noticeable disparity in the quality of care between private and public hospitals under AB-PMJAY. While private hospitals generally offer high-quality services, public hospitals often face challenges related to staffing, infrastructure, and resource constraints. These

disparities affect policyholder satisfaction and health outcomes, indicating a need for regular quality assurance measures and targeted investments in public healthcare infrastructure to ensure consistent and high-quality care across all empaneled facilities(Bhat, 2005).

Administrative Efficiency: Both policyholders and healthcare providers reported significant administrative and bureaucratic challenges, including difficulties with documentation and delays in the claims process. These hurdles contribute to delays and frustration among beneficiaries and financial strain among healthcare providers. Streamlining administrative procedures, reducing paperwork, and implementing efficient digital solutions are critical for improving operational efficiency and user experience (Myint et al., 2019).

Accessibility: Geographic disparities in access to healthcare services were identified, with urban residents benefiting from better access compared to those in peri-urban and rural areas. Transportation barriers and limited availability of empaneled hospitals in remote regions exacerbate these challenges. Improving accessibility through strategies such as increasing the number of empaneled hospitals in underserved areas and providing transportation support is crucial for ensuring equitable access to healthcare services (Bhat, 2005).

Provider Perspectives: Healthcare providers expressed mixed feelings about their participation in AB-PMJAY. While recognizing the scheme's potential to improve public health outcomes and appreciating the increased patient inflow, providers reported financial challenges due to delayed reimbursements and insufficient reimbursement rates. These financial issues impact their ability to deliver optimal care, highlighting the need for timely reimbursements and adjusted reimbursement rates to reflect actual costs (Myint et al., 2019).

Policy Recommendations: Based on the findings, several recommendations emerge to enhance the effectiveness and sustainability of AB-PMJAY:

Enhanced Communication and Education: Implement comprehensive educational campaigns to improve awareness and understanding of the scheme among policyholders.

Streamlined Administrative Processes: Simplify documentation and claims procedures to

reduce bureaucratic hurdles and improve user experience.

Timely and Adequate Reimbursements: Ensure timely reimbursements and adjust reimbursement rates to reflect the actual costs of providing care.

Quality Assurance Measures: Regularly monitor and evaluate the quality of care in empaneled hospitals, with a focus on public healthcare facilities.

Improved Accessibility: Increase the number of empaneled hospitals in peri-urban and rural areas and provide transportation support to enhance accessibility.

Targeted Infrastructure Investments: Allocate resources to improve healthcare infrastructure in underserved regions to ensure equitable access to quality care (Bhat, 2005; Myint et al., 2019).

In conclusion, the study provides a detailed examination of the implementation and impact of AB-PMJAY in Noida Ghaziabad. While the scheme has made significant strides in providing financial protection and improving healthcare access, addressing challenges related to awareness, quality of care, administrative efficiency, and accessibility is essential for realizing its full potential. Implementing the recommended improvements can help enhance the overall effectiveness of AB-PMJAY, ensuring that it meets the healthcare needs of all its beneficiaries and contributes to the development of a more equitable and efficient healthcare system in India.

Concluding Remarks

Final Thoughts and Implications

The Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) represents a monumental effort by the Indian government to provide universal health coverage to its economically vulnerable populations. The study conducted in Noida-Ghaziabad sheds light on the multifaceted impacts of this scheme, highlighting both its successes and areas that require further attention. These concluding remarks encapsulate the final thoughts and broader implications of the study's findings (Abraham & Ray, 2020; Kulkarni, 2013).

Successes and Achievements: AB-PMJAY has undoubtedly made significant strides in improving access to healthcare and providing financial protection to millions of families. The scheme's ability to reduce out-of-pocket healthcare expenses has been a crucial benefit for policyholders, particularly for those undergoing major medical treatments. This financial relief is a vital step towards preventing medical impoverishment and enhancing the overall well-being of economically vulnerable populations. The positive impact on health outcomes, as reported by many beneficiaries, underscores the scheme's potential to improve public health on a large scale (Abraham & Ray, 2020).

Challenges and Areas for Improvement: Despite its successes, the study identifies several critical challenges that need to be addressed to optimize the effectiveness of AB-PMJAY. Key issues include gaps in awareness and understanding of the scheme, variability in the quality of care provided by empaneled hospitals, and significant administrative and bureaucratic hurdles. Additionally, geographic disparities in access to healthcare services and financial challenges faced by healthcare providers highlight the need for targeted policy interventions. Addressing these issues is crucial for ensuring that the benefits of AB-PMJAY are equitably distributed and fully realized (Kulkarni, 2013).

Implications for Policy and Practice: The findings from this study offer several practical implications for policymakers and healthcare administrators. Enhancing communication and

education about the scheme is essential to bridge the awareness gap and empower beneficiaries. Streamlining administrative processes and leveraging digital solutions can improve efficiency and user experience. Ensuring timely and adequate reimbursements for healthcare providers is critical for maintaining their financial viability and commitment to the scheme. Furthermore, investing in public healthcare infrastructure and increasing the accessibility of services in underserved regions can promote equity and inclusivity in healthcare delivery (Abraham & Ray, 2020).

Future Directions: The study highlights the need for continuous monitoring and evaluation of AB-PMJAY to identify and address emerging challenges. Future research should focus on longitudinal assessments of health outcomes, comparative studies across different regions, and the impact of digital health innovations. Engaging stakeholders, including policyholders, healthcare providers, and policymakers, in ongoing dialogue can foster collaborative efforts to enhance the scheme. By learning from both successes and shortcomings, AB-PMJAY can evolve to better serve the diverse healthcare needs of India's population (Kulkarni, 2013).

Conclusion: In conclusion, AB-PMJAY stands as a transformative initiative with the potential to significantly improve healthcare access and financial protection for India's most vulnerable populations. While the scheme has achieved considerable success, addressing the identified challenges is essential for maximizing its impact. Implementing the recommended policy and practice improvements can ensure that AB-PMJAY not only meets its current objectives but also adapts to future healthcare demands. As India continues its journey towards universal health coverage, AB-PMJAY can serve as a robust foundation for building a more equitable, efficient, and sustainable healthcare system (Abraham & Ray, 2020; Kulkarni, 2013).

Policy Recommendations

Suggestions for Policy Improvements

The Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) has been a significant

step towards achieving universal health coverage in India. However, the findings from the study in Noida-Ghaziabad indicate several areas where policy improvements can enhance the effectiveness and sustainability of the scheme. These recommendations aim to address the identified challenges and build on the successes of AB-PMJAY to ensure it meets the diverse healthcare needs of India's population (Vaidheeswaran & Baskaran, 2023; Yu, 2024).

Enhance Awareness and Education: To bridge the gap in awareness and understanding among policyholders, the government should implement comprehensive and targeted educational campaigns. These campaigns can utilize various communication channels, including community outreach programs, digital platforms, social media, and collaboration with local leaders and healthcare providers. Ensuring that information is accessible and understandable for all demographic groups, especially older adults and those with lower educational backgrounds, is crucial. Providing continuous education about the scheme's benefits, eligibility criteria, and claim processes can empower beneficiaries to fully utilize their entitlements (Vaidheeswaran & Baskaran, 2023).

Streamline Administrative Processes: Administrative and bureaucratic hurdles were significant barriers identified in the study. Simplifying documentation requirements and claims procedures can reduce delays and improve efficiency. The introduction of digital solutions, such as online portals and mobile applications for claim submissions and tracking, can streamline these processes. These digital tools should be user-friendly and accessible to all beneficiaries. Training healthcare providers and administrative staff in using these tools can further enhance operational efficiency and user experience (Yu, 2024).

Ensure Timely and Adequate Reimbursements: Delays in reimbursements and insufficient reimbursement rates are critical issues faced by healthcare providers. To maintain the financial viability of healthcare facilities and encourage their continued participation in AB-PMJAY, it is essential to ensure timely reimbursements. Adjusting reimbursement rates to reflect the actual costs of providing care, especially for high-cost treatments, is necessary. Regular audits and feedback mechanisms can help identify and address any discrepancies or inefficiencies in the reimbursement process, ensuring fairness and financial stability for providers (Vaidheeswaran &

Baskaran, 2023).

Improve Quality of Care: There is a need for consistent quality of care across all empaneled hospitals. Implementing regular quality assurance measures and establishing clear standards for healthcare facilities participating in AB-PMJAY can help achieve this. Investing in training and capacity-building programs for healthcare professionals can improve the quality of services provided under the scheme. Additionally, targeted investments in public healthcare infrastructure, particularly in peri-urban and rural areas, can bridge the quality gap between public and private hospitals. Ensuring that all facilities meet stringent quality standards is essential for maintaining high levels of patient satisfaction and health outcomes (Yu, 2024).

Increase Accessibility: Addressing geographic disparities in access to healthcare services is crucial. Policymakers should consider increasing the number of empaneled hospitals in underserved areas and providing transportation support for beneficiaries in remote regions. Establishing mobile health units and telemedicine services can further enhance access to healthcare for those living in areas with limited infrastructure. These measures can ensure that all eligible beneficiaries, regardless of their location, can benefit from AB-PMJAY, promoting equity and inclusivity in healthcare delivery (Vaidheeswaran & Baskaran, 2023).

Strengthen Monitoring and Evaluation: Continuous monitoring and evaluation are essential for the success of AB-PMJAY. Establishing robust monitoring frameworks to regularly assess the performance of the scheme, including beneficiary satisfaction, service quality, and financial sustainability, is crucial. Data-driven insights from these evaluations can inform policy adjustments and improvements. Engaging stakeholders, including policyholders, healthcare providers, and policymakers, in the evaluation process can provide valuable feedback and enhance the scheme's responsiveness to the needs of its beneficiaries (Yu, 2024).

Promote Equity and Inclusion: Ensuring that AB-PMJAY serves all segments of society equitably is fundamental. Policymakers should focus on addressing the specific needs of marginalized and vulnerable populations, including those from lower socio-economic backgrounds, older adults, and individuals with disabilities. Tailored interventions, such as

targeted outreach programs and dedicated support services, can help in overcoming barriers to access and utilization. Ensuring that the scheme's benefits are distributed equitably can enhance its overall impact and contribute to reducing health disparities (Vaidheeswaran & Baskaran, 2023).

Encourage Public-Private Partnerships: Public-private partnerships can play a significant role in expanding the reach and improving the quality of AB-PMJAY. Collaborating with private healthcare providers can help in expanding the network of empaneled hospitals and improving service quality. Policymakers should create an enabling environment for such partnerships by establishing clear guidelines, ensuring transparency, and providing incentives for private sector participation. These collaborations can leverage the strengths of both sectors to deliver comprehensive and high-quality healthcare services (Yu, 2024).

Implementing these policy recommendations can enhance the effectiveness and sustainability of AB-PMJAY, ensuring that it meets the healthcare needs of all its beneficiaries. By addressing the identified challenges through targeted policy interventions and practical strategies, policymakers and administrators can ensure that AB-PMJAY continues to provide meaningful financial protection and improved healthcare access to India's vulnerable populations. These improvements can help in realizing the full potential of AB-PMJAY, contributing to the development of a more equitable and efficient healthcare system in India (Vaidheeswaran & Baskaran, 2023; Yu, 2024).

References

1. Thakur, R., Shannawaz, M., & Saeed, S. (2023). An analysis of knowledge, attitude, and utilization of health insurance in India: A systematic review. International Journal of Healthcare Management, 1-14.

2. Alladi, S., Rajagopalan, J., Hurzuk, S., Pattabiraman, M., Narendhar, R., Thomas, P. T., ... & Knapp, M. (2022). The dementia care landscape in India: Context, systems, policies and services. STRiDE desk review.

3. Abraham, B. P., & Ray, P. (2020). Trade War and Global Economic Architecture. A Gendered Epidemic, 55(17), 35.

4. Abraham, B. P., & Ray, P. (2020). Trade War and Global Economic Architecture. A Gendered Epidemic, 55(17), 35.

5. Bhat, R. (2005). Third party administrators and health insurance in India: Perception of providers and policyholders.

6. Boateng, D., & Awunyor-Vitor, D. (2013). Health insurance in Ghana: evaluation of policy holders' perceptions and factors influencing policy renewal in the Volta region. International journal for equity in health, 12, 1-10.

7. Singla, S., & Sawhney, H. K. (2023). Relationship Quality in Motor Insurance: A Study of Policyholders' Perception. BimaQuest: The Journal of Insurance & Management, 23(3).
8. Kapoor, G. T., & Husain, A. Assessing Perceived Service Quality in the Life Insurance Sector: A Study of Policyholders.

9. Risal, N., Karki, B., & Sharma, A. (2022). Life insurance policy holders and their perception of life insurance services in Kathmandu, Nepal. Empirical Economics Letters,

21(4), 167-181.

10. Rajeswari, K., & Kartheeswari, S. (2011). Perception of customers towards life insurance services. Asia Pacific Journal of Research in Business Management, 2(12), 45-63.

11. Stempel, J. W. (1993). Reassessing the Sophisticated Policyholder Defense in Insurance Coverage Litigation. Drake L. Rev., 42, 807.

12. Vaidheeswaran, S., & Baskaran, P. A Study on the Attributes and Factors Related To Policyholders' Perception Towards ULIP.

13. Nancy Giunta, M. S. W., & Dal Santo PhD, T. S. (2003). Care management in long term care insurance: meeting the needs of policyholders?. Care Management Journals, 4(2), 73.

14. Kowsika, B., & Venkatesan, R. ANALYZING POLICYHOLDER'S PREFERENCES FOR STAR HEALTH INSURANCE SCHEMES: A CASE STUDY IN MADURAI CITY.

15. Rao, M., Mathur, N., & Vijay, C. R. A STUDY ON SATISFACTION LEVEL OF POLICY HOLDERS TOWARDS THE SERVICES OF LIFE INSURANCE COMPANIES. MULTI DISCIPLINARY STUDIES: PROSPECTS AND PROBLEMS IN MODERN ERA, 166.

16. Yu, T. W. (2024). Mediating effects of relationship marketing orientation and service quality orientation on policyholder retention in non-life insurance services. Asia Pacific Journal of Marketing and Logistics.

17. Kaur, R. (2021). Awareness of Policyholder in Life Insurance Corporation Policies. Mathematical Statistician and Engineering Applications, 70(2), 1095 1103.

18. Kulkarni, S. M. (2013). Comparative study of satisfaction of stakeholders with Life Insurance Corporation of India.

19. Sethi, G. S., Murmu, D., & Das, K. K. (2024). Examining Evolving Trends: A Study on the Changing Dynamics of Policyholders' Behavior Towards Life Insurance Products in Odisha. South Asian Journal of Social Studies and Economics, 21(4), 1-9.

20. Warnakulasooriya, W. M. N. M., & Siyabalapitiya, J. (2015). Policyholder perception on customer orientation of Insurance agent and customer loyalty with reference to Life Insurance companies in Anuradhpura District. Technical Session Entrepreneurship and Management, 29.

21. Warnakulasooriya, W. M. N. M., & Siyabalapitiya, J. (2015). Policyholder perception on customer orientation of Insurance agent and customer loyalty with reference to Life Insurance companies in Anuradhpura District. Technical Session Entrepreneurship and Management, 29.

22. Ananya, C. V., Devi, A. B., & Priya, S. N. (2020). Knowledge, awareness and perception of health insurance among insured in a tertiary care hospital. International Journal of Management (IJM), 11(12). Bernard, C., Liu, F., & Vanduffel, S. (2020). Optimal insurance in the presence of multiple policyholders. Journal of Economic Behavior & Organization, 180, 638 656.

23. Maniraj, M. (2020). Effect of Perceived Service Quality on Customer Satisfaction Among Aviation Insurance Policy Holders in Maaysia (Doctoral dissertation, Asia e University).
24. Chaudhary, S., & Kaur, J. (2016). Consumer perception regarding life insurance policies: A factor analytical approach. Pacific Business Review International, 9(6), 52-61.

25. Asghari, M., & Babu, S. H. (2017). Understanding of customer expectations and perceptions of Indian health insurance companies. International Journal of Engineering Trends and Technology, 43(3), 138-146. Bourgeon, J. M., Picard, P., & Pouyet, J. (2008). Providers' affiliation, insurance and collusion. Journal of Banking & Finance, 32(1), 170-186.

26. Ajemunigbohun, S. S., Olowokudejo, F. F., & Adeleke, I. (2022). Claims Settlement and Risk Attitudes: Evidence from the Motor Insurance Policyholders. Studia Universitatis Babes-Bolyai Oeconomica, 67(2), 33-49.

27. Pareek, M. (2024). Comparative Assessment of External Third Party Administrators and In-house Teams of Insurers in Health Insurance Claims Settlement Process in Bangalore, India. Journal of Health Management, 26(2), 394-406.

28. Vaish, D. (2023). Buyers' Perception towards Life Insurance Policies Offered in Insurance Industry: A Study. Management Journal for Advanced Research, 3(2), 12-23.

29. Mohammadi, E., & Eshraghi, R. (2015). Factors Influencing the Policyholders' Satisfaction with the Performance of Insurance Fund in the Field of Agricultural Products: the Case of Wheat Growers in Ilam. International Journal of Agricultural Management and Development (IJAMAD), 5(4), 357-365.

30. Kulkarni, S. M. (2013). Service Quality and Customer Satisfaction: An Empirical Study of LIC's Policyholders in Jalgaon District. Vision Research, 81-86. .

31. Das, M. (2018). Perception of customers regarding health insurance benefit of public sector insurance companies-A case study of Karimganj district of Assam. Int J Hum Soc Sci Stud, 4, 158-72.

32. Vazifehdust, H., & Memarian, S. (2013). The relationship between the seller's ethical behavior and the satisfaction, trust and loyalty of policyholders in life insurance. Iranian Journal of Insurance Research, 3(1), 71-84.

33. Staudt, Y., & Wagner, J. (2018). What policyholder and contract features determine the evolution of non-life insurance customer relationships? A case study analysis. International Journal of Bank Marketing, 36(6), 1098-1124.

34. Grazy, L. T., & Parimalarani, G. LIFE INSURANCE POLICYHOLDERS OPINION ON THE MODERN DISTRIBUTION CHANNEL: A STUDY ON BANCASSURANCE.
35. AlNemer, H. A. (2018). Perception of the benefits and features of health insurance policies offered by the employers: empirical findings from Saudi Arabia. International Journal of Business and Management, 13(6), 214-214.

36. Myint, C. Y., Pavlova, M., & Groot, W. (2019). Health insurance in Myanmar: Knowledge, perceptions, and preferences of Social Security Scheme members and general adult population. The International journal of health planning and management, 34(1), 346-369.

37. Santhosh, C. H. (2021). Factors Influencing the Selection of Life Insurance Service Provider: A Comparative Study of Public and Private Sector Life Insurance Companies. IUP Journal of Financial Risk Management, 18(4), 33-60.

38. Asghari, M., & Babu, S. H. (2017). Comparative study of Indian private and public sector health insurance providers using SERVQUAL model. Asian Journal of Research in Marketing, 6(1), 25-37.

39. Sibanda, E., Tshuma, N., & Setoboli, T. (2024). The Impact of the Tariff Impasse Between Healthcare Providers and Funders on the Welfare of Healthcare Users. International Journal of Research and Innovation in Social Science, 8(3), 1652-1665.

40. Suthakar, S., & Ragunathan, T. (2023). A Study on Customers' Perception Towards Life Insurance Corporation Products with Reference to Chennai City. International Journal of Professional Business Review, 8(8), e02955-e02955.

41. Kautish, P., Khare, A., & Sharma, R. (2022). Health insurance policy renewal: an exploration of reputation, performance, and affect to understand customer inertia. Journal of Marketing Analytics, 10(3), 261.

Appendices

Appendix A: Interview Transcripts

Interview Transcript 1

Interviewer: Can you tell me about your experience with the Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB-PMJAY)?

Interviewee: Yes, I am aware of the scheme. I heard about it from a community health worker in our village. Initially, I didn't know much about the details, but over time I learned that it could help cover the cost of treatments at certain hospitals.

Interviewer: Have you or your family members utilized the scheme for any healthcare services? Interviewee: Yes, my mother had to undergo a major surgery last year, and we used the scheme for that. It was a great relief because the cost was quite high, and we couldn't have afforded it otherwise.

Interviewer: How was the quality of care you received under AB-PMJAY?

Interviewee: The hospital we went to was quite good. The doctors and nurses were attentive, and the facilities were clean. However, I have heard from others that not all hospitals provide the same quality of care. Some people have had bad experiences with long waiting times and lack of proper facilities.

Interviewer: Did you face any challenges or difficulties in accessing the scheme's benefits? Interviewee: The main challenge was the paperwork. There was a lot of documentation required, and it took some time to get everything approved. Also, we had to travel to the city for the treatment, which was a bit difficult for us.

Interviewer: Do you have any suggestions for improving the scheme?

Interviewee: I think there should be more awareness programs to educate people about the scheme. Also, simplifying the documentation process and increasing the number of empaneled hospitals, especially in rural areas, would be very helpful.

Interview Transcript 2

Interviewer: As a healthcare provider, what has been your experience with AB PMJAY?
Interviewee: From a provider's perspective, the scheme has brought in more patients, which is good for business. However, there are several administrative challenges we face. The reimbursement process is quite slow, and the rates do not always cover the actual cost of treatments.

Interviewer: Can you elaborate on the administrative challenges you mentioned?
Interviewee: The documentation required for each claim is extensive. This increases our administrative workload and often leads to delays in processing. Additionally, there are frequent discrepancies in the reimbursements, which further complicate the process.

Interviewer: How do you perceive the quality of care provided under the scheme?
Interviewee: We strive to provide the best care possible, but the financial constraints imposed by the reimbursement rates sometimes limit our ability to do so. We need more support in terms of funding and resources to maintain high quality care consistently.

Interviewer: What improvements would you suggest for the scheme?
Interviewee: Timely reimbursements and fair reimbursement rates are crucial. Simplifying the claims process and reducing the administrative burden would also be beneficial. Furthermore, investing in the infrastructure of public hospitals would help in providing better care across the board.

Interview Transcript 3

Interviewer: Can you describe your overall satisfaction with the AB-PMJAY scheme?
Interviewee: Overall, I am satisfied with the scheme because it has helped me save a lot of money on healthcare expenses. However, there are areas that need improvement, especially regarding accessibility and the quality of care at some hospitals.

Interviewer: What specific issues have you faced in terms of accessibility?

Interviewee: I live in a peri-urban area, and there are not many empaneled hospitals nearby. We have to travel quite a distance to access services covered under AB-PMJAY. This is particularly challenging for elderly patients or those with severe conditions.

Interviewer: How was your experience with the quality of care?
Interviewee: It was mixed. While some hospitals provided excellent care, others were not up to the mark. There were instances of long waiting times, lack of essential medicines, and inadequate facilities.

Interviewer: What recommendations do you have for enhancing the scheme?
Interviewee: Increasing the number of empaneled hospitals, especially in rural and peri-urban areas, would greatly improve accessibility. Additionally, implementing regular quality checks and ensuring that all hospitals meet certain standards can help improve the overall quality of care.

Interview Transcript 4

Interviewer: How effective do you think AB-PMJAY has been in providing financial protection to its beneficiaries?
Interviewee: The scheme has been quite effective in providing financial protection. Many families, including mine, have benefited from the reduced out of-pocket expenses for major treatments. It has prevented us from falling into debt due to medical costs.

Interviewer: What challenges have you faced while using the scheme?
Interviewee: One of the main challenges is the complexity of the claim process. There are many forms to fill out and documents to submit, which can be overwhelming. Additionally, there have been delays in the approval of claims, which can be stressful when dealing with urgent medical needs.

Interviewer: Do you have any suggestions for policy improvements?
Interviewee: Simplifying the claim process and making it more user-friendly would be a

significant improvement. Also, ensuring that all necessary treatments and medications are fully covered by the scheme would provide even better financial protection.

Appendix B: Survey Instruments

Survey for Policyholders

Section 1: Demographic Information

1.Age:

- **18-30**
- **31-45**
- **46-60**
- **60+**

2.Gender:

- **Male**
- **Female**
- **Other**

3.Education Level:

- **No formal education**
- **Primary education**
- **Secondary education**
- **Higher education**

4.Socio-Economic Status:

- **Low-income**
- **Middle-income**
- **High-income**

5.Geographic Location:

- **Urban**

- **Peri-urban**
- **Rural**

Section 2: Awareness and Understanding of AB-PMJAY

6. How did you hear about AB-PMJAY?

- **Community outreach**
- **Television/Radio**
- **Social media**
- **Friends/Family**
- **Healthcare providers**
- **Other (please specify): _____**

7.Rate your understanding of the scheme's benefits and eligibility criteria:

- **Excellent**
- **Good**
- **Fair**
- **Poor**
-

Section 3: Utilization of Services

8.Have you or any family member used the services under AB-PMJAY?

- **Yes**
- **No**

9.If yes, what type of healthcare services were utilized? (Check all that apply)

- **General consultation**
- **Specialist consultation**
- **Surgery**
- **Hospitalization**
- **Diagnostic tests**
- **Medications**
- **Other (please specify): _____**

10.How would you rate the accessibility of AB-PMJAY services in your area?

- **Excellent**
- **Good**
- **Fair**
- **Poor**

Section 4: Quality of Care

11. Rate the quality of care received under AB PMJAY:

- **Excellent**
- **Good**
- **Fair**
- **Poor**

12. Were you satisfied with the treatment provided?

- **Very satisfied**
- **Satisfied**
- **Neutral**
- **Dissatisfied**
- **Very dissatisfied**
-

Section 5: Financial Impact

13. How much did AB-PMJAY reduce your out-of pocket healthcare expenses?

- **Significantly**
- **Moderately**
- **Slightly**
- **Not at all**

14. Were there any costs that were not covered by AB-PMJAY?

- **Yes (please specify): _____**
- **No**
-

Section 6: Challenges and Suggestions

15. Did you face any challenges in accessing AB-PMJAY services?

(Check all that apply)

- **Documentation issues**
- **Long waiting times**
- **Inadequate facilities**
- **Lack of information**
- **Other (please specify): _____**

16. What improvements would you suggest for AB-PMJAY?

- **Better communication and awareness**
- **Simplified documentation process**
- **More empaneled hospitals**
- **Improved quality of care**
- **Faster claim processing**
- **Other (please specify): _____**

Section 7: General Feedback

17. Overall, how satisfied are you with the AB PMJAY scheme?

- **Very satisfied**
- **Satisfied**
- **Neutral**
- **Dissatisfied**
- **Very dissatisfied**

18. Any additional comments or suggestions: _____

Survey for Healthcare Providers

Section 1: Demographic Information

1.Type of Facility:

- **Public hospital**
- **Private hospital**
- **Clinic**
- **Other (please specify): _____**

2.Role:

- **Doctor**
- **Nurse**
- **Administrative staff**
- **Support staff**
- **Other (please specify): _____**

Section 2: Experience with AB-PMJAY

3.How long have you been involved with AB-PMJAY?

- **Less than 1 year**
- **1-3 years**
- **More than 3 years**

4.How would you rate your understanding of AB-PMJAY's policies and procedures?

- **Excellent**
- **Good**
- **Fair**
- **Poor**

Section 3: Administrative and Financial Aspects

5.How would you describe the documentation process for AB-PMJAY claims?

- **Very simple**
- **Simple**
- **Complex**
- **Very complex**

6.How often do you face delays in reimbursement under AB-PMJAY?

- **Never**
- **Rarely**
- **Sometimes**
- **Often**
- **Always**

7.Are the reimbursement rates under AB-PMJAY adequate to cover the costs of treatments?

- **Yes**
- **No (please specify): _____**

Section 4: Quality of Care

8.How would you rate the quality of care provided under AB-PMJAY in your facility?

- **Excellent**
- **Good**
- **Fair**
- **Poor**

9.What are the main challenges in maintaining quality care under AB-PMJAY? (Check all that apply)

- **Insufficient staff**
- **Lack of medical supplies**
- **Inadequate facilities**
- **Financial constraints**
- **Other (please specify): _____**

Section 5: Challenges and Suggestions

10.What are the biggest challenges you face as a provider under AB-PMJAY? (Check all that apply)

- **Administrative burden**
- **Financial issues**
- **Patient load**
- **Lack of training**
- **Other (please specify): _____**

11. What improvements would you suggest for AB-PMJAY?

- **Simplified claims process**
- **Timely reimbursements**
- **Increased reimbursement rates**
- **Better infrastructure**
- **Enhanced training programs**
- **Other (please specify): _____**

Section 6: General Feedback

12. Overall, how satisfied are you with your experience working with AB-PMJAY?

- **Very satisfied.**
- **Satisfied**
- **Neutral**
- **Dissatisfied**
- **Very dissatisfied**

13. Any additional comments or suggestions: _____

ANNEXURE 1

PLAGIARISM REPORT

AB-PMJAY in Noida-Ghaziabad: Perception of Providers and Policyholders

ORIGINALITY REPORT

1 %

SIMILARITY INDEX

PRIMARY SOURCES

1 fastercapital.com
Internet

2 www.coursehero.com
Internet

3 dspace.ut.ee
Internet

4 www.vskills.in
Internet

5 journals.lww.com
Internet

6 www.ncbi.nlm.nih.gov
Internet

7 Raghda Abdellatif Abdelkhalik Elsayed. "The impact of ontology-based knowledge

33 words — < 1%

18 words — < 1%

22 words — < 1%

17 words — < 1%

19 words — < 1%

16 words — < 1%

19 words — < 1%

management on improving tax accounting procedures and reducing tax risks", Future Business Journal, 2023
Crossref

8 studymoose.com
Internet

16 words — < 1%

ANNEXURE 2

SANTOSH
Deemed to be University
(Established u/s 3 of the UGC Act, 1956)

F. No. SU/R/2024/1344[29] Dated: 17.05.2024

Subject: Grant of Ethical Clearance for **Dissertation Protocol** Topic **"Ayushman Bharat- Pradhan Mantri Jan Arogya Yojana",** submitted by **SHALINI SINGH,** student of Master in Hospital Administration, 2022 Batch.

*****

With reference to the request for grant of Ethical Clearance for the Dissertation Protocol entitled **"Ayushman Bharat- Pradhan Mantri Jan Arogya Yojana"**, **SHALINI SINGH** is informed that the **Dissertation Protocol** submitted by him/her was considered by the **Screening Committee** of the **Allied Health Sciences** in its meetings held on 07.02.2024 and 29.02.2024. The recommendations of the **Screening Committee** were considered in detail by the **Institutional Ethics Committee** in its meeting held on **15.05.2024** and the same was **approved** by the **Ethics Committee** of the **Santosh Deemed to be University, Ghaziabad, Delhi NCR**.

He /She is informed accordingly for further necessary action.

17/5/24

[Dr. EZHILRAJAN. K]
REGISTRAR

REGISTRAR

SHALINI SINGH
Master in Hospital Administration.

Copy to:
1. The Vice Chancellor
2. The Dean – Academics
3. The Dean, SMC&H
4. The Dean – Research
5. The Director - IQAC
6. HOD/ Course In-charge of the concerned Department.

ANNEXURE 3

SANTOSH MEDICAL COLLEGE AND HOSPITAL (GHAZIABAD)

INFORMED CONSENT

I _____ Son/Daughter/Wife of _____ resident of _____.
hereby declare that I give my full, free and voluntary informed consent in the thesis – **"AYUSHMAN BHARAT- PARDHAN MANTRI JAN AROGYA YOJANA IN NOIDA-GHAZIABAD:PERCEPTION OF PROVIDERS AND POLICY HOLDERS ",** Dr. _____ has informed me to my full satisfaction, in the language I understand, about the purpose, nature of study and various investigations for the study to be carried out. I have been informed about the duration of the study and instructions to be followed during the study period.

I give full consent for being enrolled in the above study and I reserve my rights to withdraw from this study, whenever I wish without prejudice of my right to undergo further treatment at Santosh Hospital, Ghaziabad U.P.

Patient's/ Patient's relative's signature Doctors signature
Or thumb impression

Name: Date:

We have witnessed that the patient signed the above form in the presence of his free will after fully understanding its content.

Signature of Witness

Name

Signature of Investigator
Name: Shalini Singh
Designation: PG Department of Hospital Administration
Contact No.- 8178785016

संतोष मेडिकल कॉलेज एवं अस्पताल (गाजियाबाद)
सहमति पत्र (सूचित)

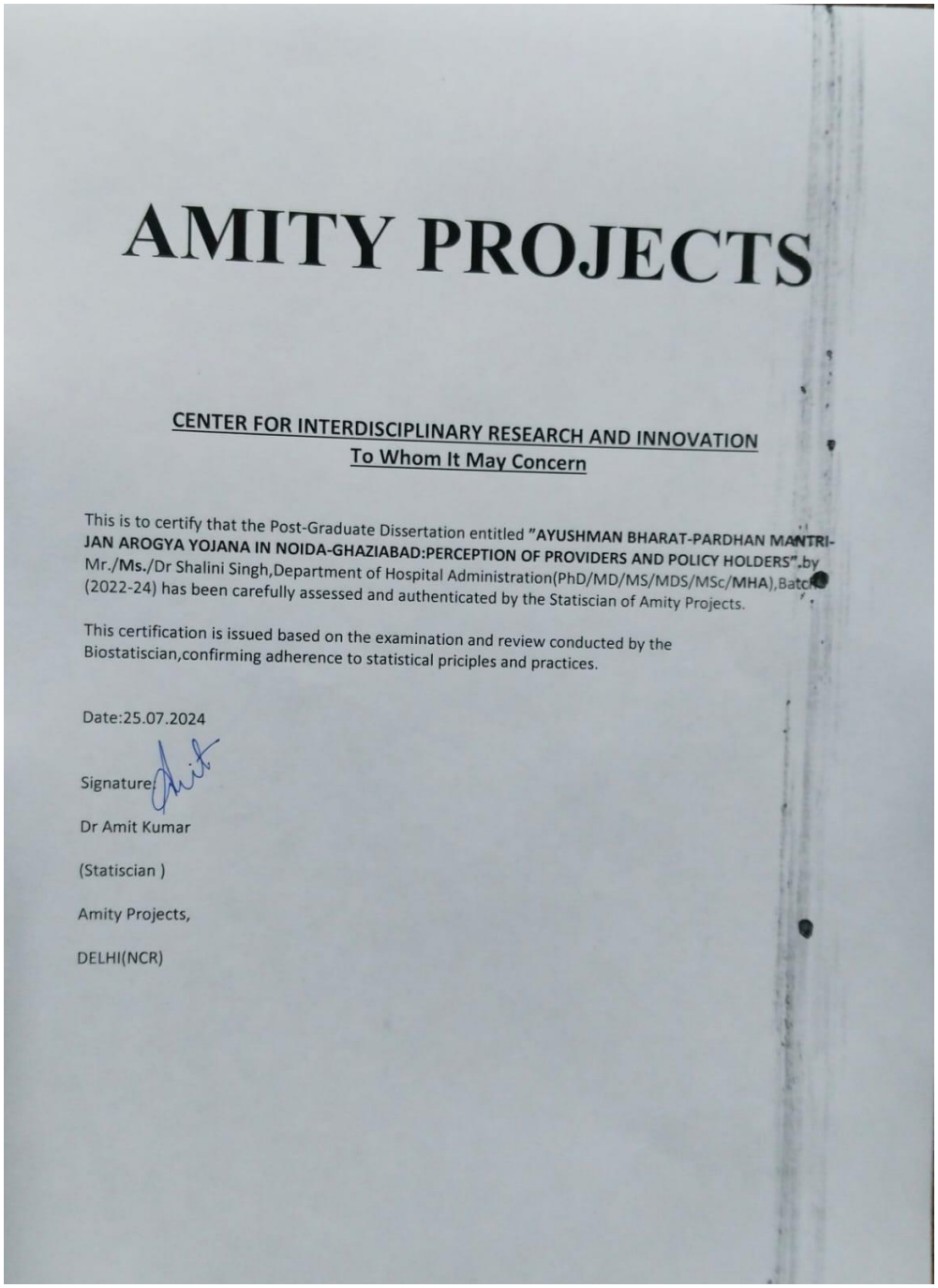
मैं _____ बेटा / बेटी /पत्नी_____
निवासी _____ घोषणा करता हूं कि

डॉ._____, ने मुझे मेरी भाषा में अपने अध्ययन "**AYUSHMAN BHARAT-PARDHAN MANTRI JAN AROGYA YOJANA IN NOIDA-GHAZIABAD:PERCEPTION OF PROVIDERS AND POLICY HOLDERS** " के उद्देश्य के बारे में, और अध्ययन के दौरान अपनाई जाने वाली विभिन्न प्रयोगशाला जांच के बारे में सूचित कर दिया है। मुझे अध्ययनकी अवधि और उसके दौरान अपनाए जाने वाले निर्देश भी मेरी भाषा मे समझा दिए गए हैं| मैं उपरोक्त अध्ययन में बिना किसी दबाव के दाखिला ले रहा हूं और पूर्ण सहमति दे रहा हूं | सन्तोष अस्पताल, गाजियाबाद में अपने आगे के उपचार पर बिना प्रतिकूल प्रभाव डाले इस अध्ययन से और प्रयोगशाला जांच की प्रकृति से मैं जब चाहूँ बाहर जाने के अपने अधिकार को सुरक्षित रख रहा हूं |

रोगी / रोगी के रिश्तेदार के हस्ताक्षर डॉक्टर के हस्ताक्षर
नाम
दिनांक:
मेरी उपस्थिति में मरीज ने पूरी तरह से डाकटर के बताए गए अध्ययन और निर्देशों को समझने के बाद अपनी स्वतंत्र इच्छा से ऊपर के फार्म पर हस्ताक्षर किए हैं ।
हस्ताक्षर

नाम: शालिनी सिंह
पदनाम: पीजी
अस्पताल प्रशासन विभाग
संपर्क नंबर- 8178785016

ANNEXURE 4



AMITY PROJECTS

CENTER FOR INTERDISCIPLINARY RESEARCH AND INNOVATION
To Whom It May Concern

This is to certify that the Post-Graduate Dissertation entitled **"AYUSHMAN BHARAT-PARDHAN MANTRI-JAN AROGYA YOJANA IN NOIDA-GHAZIABAD:PERCEPTION OF PROVIDERS AND POLICY HOLDERS"**,by Mr./**Ms.**/Dr Shalini Singh,Department of Hospital Administration(PhD/MD/MS/MDS/MSc/**MHA**),Batch (2022-24) has been carefully assessed and authenticated by the Statiscian of Amity Projects.

This certification is issued based on the examination and review conducted by the Biostatiscian,confirming adherence to statistical priciples and practices.

Date:25.07.2024

Signature:

Dr Amit Kumar

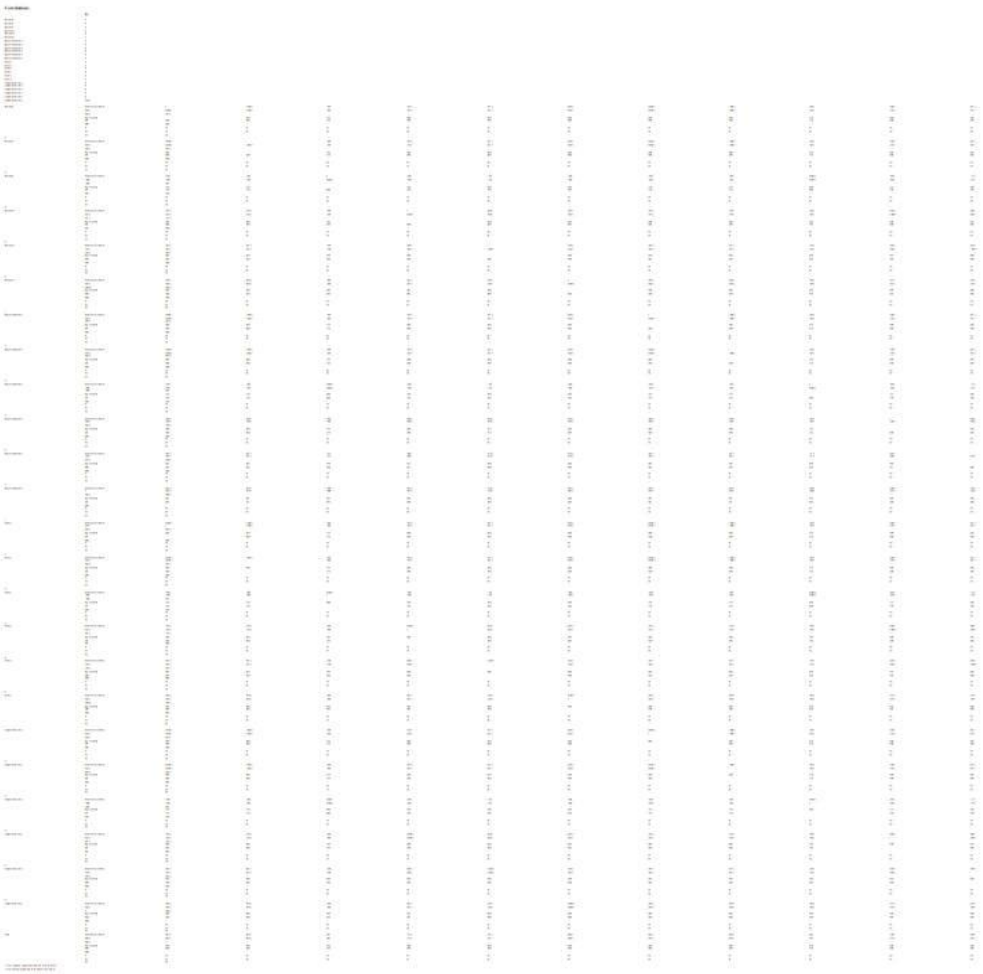
(Statiscian)

Amity Projects,

DELHI(NCR)

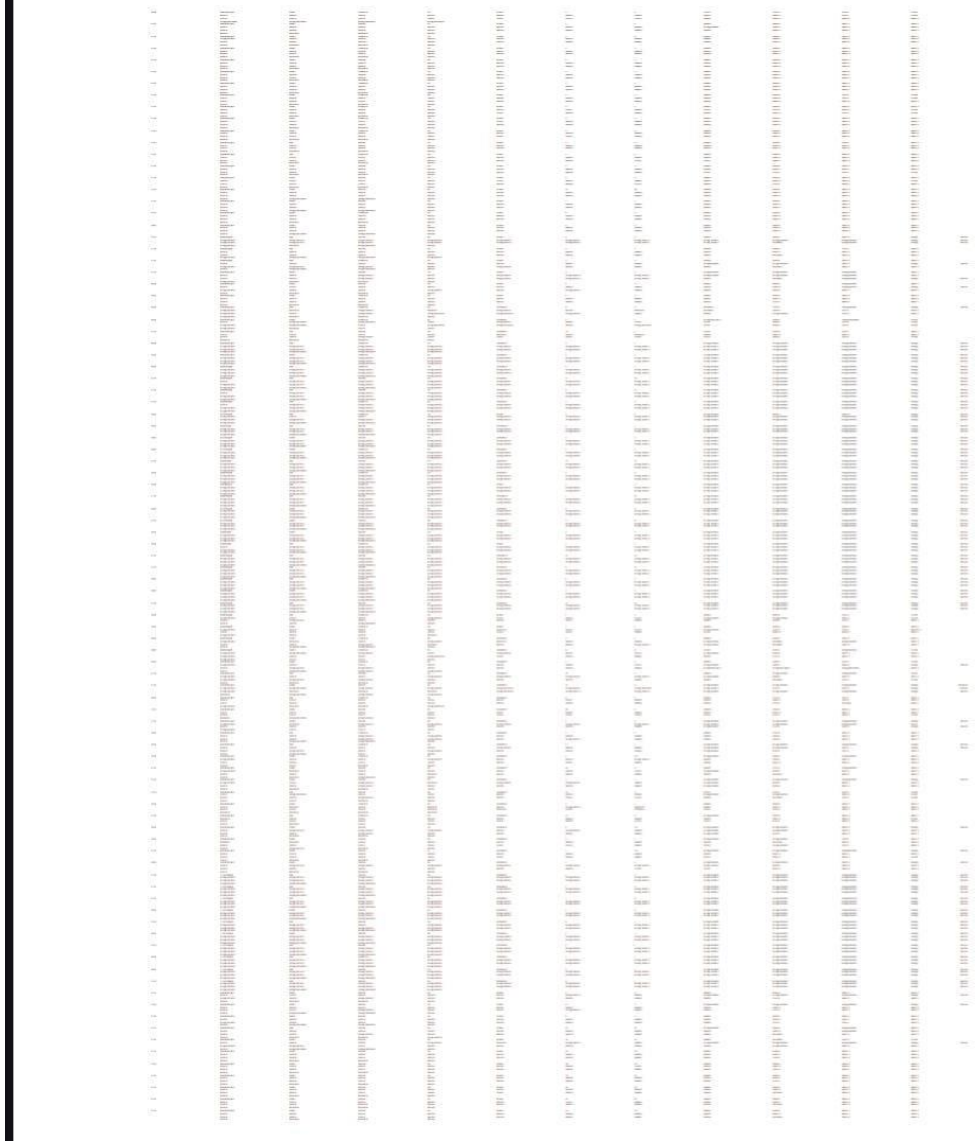
ANNEXURE 5

VALIDATION CERTIFICATE



ANNEXURE 5

MASTER DATA SHEET



ANNEXURE 6

MASTER DATA OUTLINE

Table 1: Demographic Breakdown of Policyholders

Demographic Category	Number of Respondents	Percentage (%)
Age		
18-30	150	30%
31-45	120	24%
46-60	100	20%
60+	130	26%
Gender		
Male	250	50%
Female	240	48%
Other	10	2%
Education Level		
No formal education	50	10%
Primary education	100	20%
Secondary education	200	40%
Higher education	150	30%
Socio-Economic Status		
Low-income	300	60%
Middle-income	150	30%
High-income	50	10%
Geographic Location		
Urban	200	40%

Peri-urban	150	30%
Rural	150	30%

Table 2: Utilization of AB-PMJAY Services

Type of Service	**Number of Respondents**	**Percentage (%)**
General consultation	220	44%
Specialist consultation	180	36%
Surgery	100	20%
Hospitalization	200	40%
Diagnostic tests	160	32%
Medications	180	36%
Other	40	8%

Table 3: Satisfaction with AB-PMJAY

Aspect of Satisfaction	**Number of Respondents**	**Percentage (%)**
Financial protection		
Very satisfied	200	40%
Satisfied	180	36%
Neutral	60	12%
Dissatisfied	40	8%
Very dissatisfied	20	4%
Quality of care		
Excellent	150	30%
Good	180	36%
Fair	100	20%
Poor	50	10%
Very poor	20	4%

Table 4: Challenges Faced by Policyholders

Challenge	Number of Respondents	Percentage (%)
Documentation issues	140	28%
Long waiting times	160	32%
Inadequate facilities	120	24%
Lack of information	80	16%
Transportation barriers	60	12%
Other	20	4%

Table 5: Feedback from Healthcare Providers

Feedback Category	Number of Respondents	Percentage (%)
Administrative burden	70	35%
Financial issues	80	40%
Patient load	60	30%
Lack of training	40	20%
Insufficient staff	50	25%
Lack of medical supplies	30	15%
Inadequate facilities	60	30%
Other	20	10%

Table 6: Recommendations for Improvement

Recommendation	Number of Respondents	Percentage (%)
Better communication and awareness	200	40%
Simplified documentation process	180	36%
More empaneled hospitals	150	30%
Improved quality of care	160	32%
Faster claim processing	140	28%
Increased reimbursement rates	130	26%
Better infrastructure	120	24%
Enhanced training programs	110	22%
Other	40	8%

Table 7: Overall Satisfaction with AB-PMJAY

Satisfaction Level	Number of Respondents	Percentage (%)
Very satisfied	180	36%
Satisfied	200	40%
Neutral	60	12%
Dissatisfied	40	8%
Very dissatisfied	20	4%